



Authorization Request Form - Part 2 Subsequent Facet Injection

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

i Please fill in each question option completely →

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Question 1	<p>Which type of injection is being requested? (Required, fill in one option)</p> <p><input type="radio"/> MBB #2 (must be the same levels and side as #1 to be considered #2)</p> <p><input type="radio"/> Intra-Articular (IA) Facet Injection #2</p> <p><input type="radio"/> Repeat therapeutic MBB (patient has already had 2 MBB at the same levels and side)</p> <p><input type="radio"/> Repeat Therapeutic IA (patient has already had 2 IA at the same levels and side)</p>												
Question 2	<p>Which side of the spine is this request for? (Required, fill in one option)</p> <p><input type="radio"/> Left <input type="radio"/> Right</p> <p><input type="radio"/> Bilateral <input type="radio"/> None of the above</p>												
Question 3	<p>How many spinal levels (enter a whole number) are being injected? (e.g., a level is one facet joint = 2 medial branch blocks, two levels is two facet joints = 3 medial branch blocks, etc.) (Required, enter a numeric value)</p>												
Question 4	<p>If this request is for a second/confirmatory diagnostic facet injection, did the patient experience at least 80% relief from the first injection? (Required, fill in one option)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable; this is a first request</p>												
Question 5	<p>If this is a repeat therapeutic facet injection: did the patient's pain improve by at least 50% for 3 months after the last injection, or did their daily function and mobility improve by at least 50%? (Required, fill in one option)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable; this is the patient's initial therapeutic facet injection request</p>												
Question 6	<p>How many facet interventions (MBB or IA) has the patient had at the same facet joint level(s) in a rolling 12-month period? (The rolling 12-month period begins on the date of the initial therapeutic facet injection) (Required, enter a numeric value)</p>												
Question 7	<p>Is this request for any of the following? (Required, fill in all that apply)</p> <table border="0"> <tr> <td><input type="radio"/> A patient with a history of a successful RFA procedure at the same location</td> <td><input type="radio"/> An injection requiring moderate sedation administered by an additional provider</td> </tr> <tr> <td><input type="radio"/> A facet injection on the same day as another or an additional facet injection in a different anatomic region</td> <td><input type="radio"/> An injection that includes the use of biologicals or other substances that are not FDA designated for this use</td> </tr> <tr> <td><input type="radio"/> An injection scheduled on the same day as another block procedure</td> <td><input type="radio"/> Intra-articular and extra-articular facet joint prolotherapy</td> </tr> <tr> <td><input type="radio"/> An injection that is part of an existing treatment plan (e.g., a series of three injections regardless of response to the prior injection)</td> <td><input type="radio"/> Patient with a recent history of anterior lumbar interbody fusion (ALIF) procedure at the same level as the requested procedure</td> </tr> <tr> <td><input type="radio"/> The treatment of back or neck pain with a diagnosis other than facet joint syndrome</td> <td><input type="radio"/> Intra-facet implants at the same level as the requested procedure</td> </tr> <tr> <td><input type="radio"/> An injection requiring anesthesia</td> <td><input type="radio"/> None of the above</td> </tr> </table>	<input type="radio"/> A patient with a history of a successful RFA procedure at the same location	<input type="radio"/> An injection requiring moderate sedation administered by an additional provider	<input type="radio"/> A facet injection on the same day as another or an additional facet injection in a different anatomic region	<input type="radio"/> An injection that includes the use of biologicals or other substances that are not FDA designated for this use	<input type="radio"/> An injection scheduled on the same day as another block procedure	<input type="radio"/> Intra-articular and extra-articular facet joint prolotherapy	<input type="radio"/> An injection that is part of an existing treatment plan (e.g., a series of three injections regardless of response to the prior injection)	<input type="radio"/> Patient with a recent history of anterior lumbar interbody fusion (ALIF) procedure at the same level as the requested procedure	<input type="radio"/> The treatment of back or neck pain with a diagnosis other than facet joint syndrome	<input type="radio"/> Intra-facet implants at the same level as the requested procedure	<input type="radio"/> An injection requiring anesthesia	<input type="radio"/> None of the above
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