



## Authorization Request Form - Part 2 Initial or Subsequent Radiofrequency Ablation (RFA)

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  →

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

<b>Question 1</b>	<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 <input type="radio"/> Bilateral                      <input type="radio"/> None of the above</p>										
<b>Question 2</b>	<p>How many spinal levels (enter a whole number) are being injected? (e.g., a "level" is one facet joint = 2 medial branches, two "levels" is two facet joints = 3 medial branches, etc.) (Required, write numeric value below)</p>										
<b>Question 3</b>	<p>If this is an initial RFA request, has the patient had two diagnostic medial branch blocks (MBB's) that improved their pain by at least 80%? (Required, fill in one option)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable; this is a subsequent request.</p>										
<b>Question 4</b>	<p>If this is a repeat RFA request, which of the following best describes the documented percent of relief of pain or improvement in daily function? (Required, fill in one option)</p> <table><tr><td><input type="radio"/> At least 50% Improvement in pain levels for greater than 3 months but less than 6 months</td><td><input type="radio"/> The patient's symptoms did not improve by at least 50% for at least 3 months</td></tr><tr><td><input type="radio"/> At least 50% Improvement in pain levels for greater than or equal to 6 months</td><td><input type="radio"/> The patient's symptoms or daily function and mobility did not improve by at least 50% for at least 6 months</td></tr><tr><td><input type="radio"/> At least 50% Improvement in daily function and mobility for greater than or equal to 6 months</td><td><input type="radio"/> Not applicable, this is the first request</td></tr></table>	<input type="radio"/> At least 50% Improvement in pain levels for greater than 3 months but less than 6 months	<input type="radio"/> The patient's symptoms did not improve by at least 50% for at least 3 months	<input type="radio"/> At least 50% Improvement in pain levels for greater than or equal to 6 months	<input type="radio"/> The patient's symptoms or daily function and mobility did not improve by at least 50% for at least 6 months	<input type="radio"/> At least 50% Improvement in daily function and mobility for greater than or equal to 6 months	<input type="radio"/> Not applicable, this is the first request				
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<b>Question 5</b>	<p>How many RFA procedures 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 RFA procedure) (Required, write numeric value below)</p>										
<b>Question 6</b>	<p>What are the levels being injected? (Required, fill in all that apply)</p> <table><tr><td><input type="checkbox"/> A procedure scheduled on the same day as another block or denervation procedure</td><td><input type="checkbox"/> Pulsed radiofrequency modalities</td></tr><tr><td><input type="checkbox"/> A procedure to treat a condition/area of the body other than the facet joint (e.g., complex regional pain syndrome, sacroiliac joint or hip, knee or pelvic osteoarthritis)</td><td><input type="checkbox"/> A procedure where there is an extended time, two years or more, since the last RFA and/or there is a question as to the source of the recurrent pain</td></tr><tr><td><input type="checkbox"/> An injection requiring anesthesia</td><td><input type="checkbox"/> 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="checkbox"/> A procedure requiring moderate sedation administered by an additional provider</td><td><input type="checkbox"/> Intra-facet implants at the same level as the requested procedure</td></tr><tr><td><input type="checkbox"/> Non-thermal modalities for facet joint denervation (e.g., chemical, low-grade thermal energy (less than 80 degrees celsius e.g., Coolief), laser neurolysis, and cryoablation)</td><td><input type="checkbox"/> None of the above</td></tr></table>	<input type="checkbox"/> A procedure scheduled on the same day as another block or denervation procedure	<input type="checkbox"/> Pulsed radiofrequency modalities	<input type="checkbox"/> A procedure to treat a condition/area of the body other than the facet joint (e.g., complex regional pain syndrome, sacroiliac joint or hip, knee or pelvic osteoarthritis)	<input type="checkbox"/> A procedure where there is an extended time, two years or more, since the last RFA and/or there is a question as to the source of the recurrent pain	<input type="checkbox"/> An injection requiring anesthesia	<input type="checkbox"/> Patient with a recent history of anterior lumbar interbody fusion (ALIF) procedure at the same level as the requested procedure	<input type="checkbox"/> A procedure requiring moderate sedation administered by an additional provider	<input type="checkbox"/> Intra-facet implants at the same level as the requested procedure	<input type="checkbox"/> Non-thermal modalities for facet joint denervation (e.g., chemical, low-grade thermal energy (less than 80 degrees celsius e.g., Coolief), laser neurolysis, and cryoablation)	<input type="checkbox"/> None of the above
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