

Prior Authorization Form

NOTE: Refer to the Provider Manual for additional services requiring **Prior Authorization**



Fax Form To: 616 942-0024

***Spine Referral for Neurosurgeon or Orthopedic Surgeon Evaluation**

***Only required for members 18 years of age and above.**

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____

Primary Care Physician: _____ PCP Phone: _____ PCP Fax: _____

Has PCP been notified of request? Yes No Is this authorization related to: Work Injury Motor Vehicle Accident

Requested By:

Provider Name: _____ Phone: _____ Fax: _____

Address: _____ Contact Name: _____

_____ Date of Request: _____

Directed To:

Provider Name: _____ Facility: _____

Address: _____ Address: _____

Provider Phone: _____ Fax: _____ Facility Phone: _____ Fax: _____

Clinical Information:

Diagnosis, if known: _____ Diagnosis Code: _____

- (1) Evidence of tumor, infection or fracture.
- (2) Acute weakness of both arms, or of both legs (paraparesis or unsteady gait) especially if associated with any of the following:
 - upper motor neuron signs (Babinski or Hoffman's signs, clonus, hyperreflexia) and/or
 - loss of bladder or bowel control and/or
 - cord compression with decreased T1 signal changes, increased T2 signal changes, or signal changes at multiple cord levels on MRI.
- (3) Cauda equina syndrome (new onset of bowel or bladder dysfunction with areflexia, asymmetric paraparesis)
- (4) Follow up to emergency care in the emergency department or inpatient setting. Date(s) _____
Please attach notes.
- (5) Patient does not meet criteria in 1-4 but has been evaluated by a Back Pain Center of Excellence.
*Name of Center of Excellence/Provider Seen _____ Date _____
***Please attach with this authorization request the Center of Excellence notes/evaluation.**
- (6) Patient has not been to a Center of Excellence and does not meet any of the conditions listed in criteria 1-5 above.
Please provide reason for referral to neurosurgeon/orthopedic surgeon. _____

*****ALL FIELDS MUST BE COMPLETE AND LEGIBLE FOR PRIOR AUTHORIZATION REVIEW*****