



Medicare Advantage
MSK Injections
Authorization Request

Please complete and fax to: Care Management at **1-888-535-5243**.
OR submit your request online through **Availity.com**.

If you need an immediate response, call our Provider Service line
at **1-800-924-7141**. Monday through Friday from 9 a.m. to 6 p.m. ET.

Illegible forms will be returned.

Contact Information

Name: _____ Phone: _____ Fax: _____

Member Information

Member Name: _____ ID Number: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Diagnosis (including ICD-10-CM Code): _____

Request Type

Initial _____ Extension _____ Date of Service requested: _____ Current case #: _____

Date of last approved/covered service: _____ Number of injections previously approved: _____

Provider Information

Physician: _____ Phone: _____ Fax: _____

Address: _____

Physician Provider #: _____ NPI: _____ Tax ID: _____

Treating Physician _____ Phone: _____ Fax: _____

Address: _____

Provider # _____ NPI: _____ Tax ID: _____

CPT Codes Requested

Code	From Date	To Date	Quantity	Level of injection	Site		
					Right, left, bilateral		
					R	L	B
					R	L	B
					R	L	B
					R	L	B
					R	L	B
					R	L	B
					R	L	B

To better help us complete your request, please answer the following questions

Has the patient had prior spinal surgery? Yes No N/A

Has the patient had MRI/ CT/ X-ray in the past? Yes No N/A

If Yes, please include report with supporting clinical

What is the patient current pain level? _____

On scale of 1-10 with 1 being least:

Diagnostic Nerve Root Block

What conservative Tx has been attempted

(select all that apply)

NSAIDs	Nerve pain meds
Acetaminophen	(gabapentin, duloxetine)
Narcotic	Activity modification
Muscle relaxants	Physical therapy
Corticosteroids	Other

How long has conservative treatment been attempted?

Less than 12 weeks/3 months

At least 12 weeks/3 months

Therapeutic Facet Joint (Intrarticular) or medial branch injection

Is this an initial injection? Yes No

If no, what is the pain relief from previous injection?
_____ % in: _____ Days

How many injections has the patient had in the last calendar year? _____

Will injection be done with fluoroscopic guidance?

Yes No

Clinical Information

Include a list of all pertinent information (Attach records if needed):



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

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Y0013_20_MA_C Inpatient_Outpatient_Fax Form