



47926

HUMANA Pain Management & Spinal Surgery Prior Authorization Request Form

Instructions: 1. Use this form when requesting prior authorization of spinal surgery or pain management procedures for Humana members.
2. **Please complete and Fax this request form along with all supporting clinical documentation to OrthoNet at 1-888-605-5345.**
(This completed form should be page 1 of the Fax.)
3. For assistance in completing this form or if you should have any question about whether or not the procedure requires prior authorization, please contact OrthoNet toll free at 1-888-605-5344 for Pain Management and at 1-866-565-4733 for Spinal Surgery procedures.
4. Please PRINT, in black ink, one character per box for ALL requested information and completely fill in each circle for selection where applicable.
NOTE: The information transmitted is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.

PROVIDER INFORMATION:Fax Date: / / Number of pages faxed : (including this cover page)

Provider Name

Street Address

City

State

ZIP

Telephone Number

National Provider Identifier (NPI)

☐ Facility NPI Number☐ Individual NPI Number

Fax Number

Provider Tax ID Number

☐ Facility Tax ID Number☐ Individual Tax ID Number**PATIENT INFORMATION:**

First Name

Last Name

Date of Birth

 / /

HUMANA Member ID Number

Diagnosis Code (ICD-10 Format)

Month

Day

Year

REQUEST INFORMATION:

Request for: (Check all that may apply)

☐ Facet Joint Injection☐ Epidural Steroid Injection (Spinal)☐ Implantable Pain Pump☐ Spinal Stimulator☐ Spinal Decompression☐ Spinal Fusion☐ Vertebroplasty/ Kyphoplasty

Spinal Region(s):

☐ Cervical☐ Thoracic☐ Lumbar☐ SacralHas the patient had prior spinal surgery? Yes ☐ No ☐ N/A ☐Is this the first epidural steroid or facet injection for this patient? Yes ☐ No ☐ N/A ☐Is the MR/ CT report attached to this request? Yes ☐ No ☐ N/A ☐

CPT Code(s):

Anticipated Date of Service(s)

 / /

Month

Day

Year

Requested Facility for Surgery/ Procedure(s) (If Applicable)

City

State

Telephone Number

47926



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