



Prior Authorization Request for Outpatient Department (OPD) Services Coversheet Facet Joint Interventions

Please provide direct phone numbers for clinical and support staff questions.

Please ensure each **REQUIRED** field is completed correctly. Any missing information marked **REQUIRED** could result in case rejection. FAX to JK: 317-841-4530 or J6: 317-841-4528

Request Date:	Number of pages including coversheet:
Submission Type - REQUIRED <input type="checkbox"/> Initial Request <input type="checkbox"/> Resubmission: A <i>REQUEST IN RESPONSE TO A NON-AFFIRM</i> , <i>*Resubmissions must include all initially submitted documentation in addition to additional records requested.</i>	
<input type="checkbox"/> Expedited Review with Rationale:	

Beneficiary Information (see Medicare card)

Last name - REQUIRED	First - REQUIRED	Male <input type="checkbox"/>	Medicare ID - REQUIRED	Date of Birth
		Female <input type="checkbox"/>		
Mailing Address, City, State, Zip - REQUIRED <i>**Note: The beneficiary listed will receive a decision letter**</i>				

Hospital Outpatient Department Information

**** Decision letters will be faxed or mailed to the Hospital OPD****

Hospital/Facility Name - REQUIRED	NPI - REQUIRED	PTAN - REQUIRED
ATTN (outpatient contact) - REQUIRED	Hospital Fax number:	
Address, City, State, Zip - REQUIRED		
Claim Type of Bill (TOB) Code - REQUIRED	Anticipated Dates of Service/Surgery	

Physician Information

Physician Name - REQUIRED	NPI - REQUIRED
Address, City, State, Zip - REQUIRED	

Requestor Information

Requestor Name - REQUIRED	Requestor Email Address - REQUIRED
Requester phone number - REQUIRED	Requester FAX number:
Non-PHI passcode created by the <u>requester</u> that allows NGS staff to communicate via email without the use of PHI. -OPTIONAL	

Requested Outpatient Services - **REQUIRED**

(*Please indicate laterality (right/left/bilateral) of each CPT code and sequence)

* Notes an add on code. These codes cannot be requested without the primary code (s) listed above them.

MBB/IA	Laterality	Sequence	MBB/IA	Laterality	Sequence	RFA	Laterality	Sequence
<input type="checkbox"/> 64490	<input type="checkbox"/> _____	<input type="checkbox"/> Initial	<input type="checkbox"/> 64493	<input type="checkbox"/> _____	<input type="checkbox"/> Initial	<input type="checkbox"/> 64633	<input type="checkbox"/> _____	<input type="checkbox"/> Initial
<input type="checkbox"/> 64491*	<input type="checkbox"/> _____	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> 64494*	<input type="checkbox"/> _____	<input type="checkbox"/> Confirmatory	<input type="checkbox"/> 64634*	<input type="checkbox"/> _____	<input type="checkbox"/> Subsequent
	<input type="checkbox"/> _____	<input type="checkbox"/> Therapeutic		<input type="checkbox"/> _____	<input type="checkbox"/> Therapeutic	<input type="checkbox"/> 64635	<input type="checkbox"/> _____	
						<input type="checkbox"/> 64636*	<input type="checkbox"/> _____	