UniCare Health Plan of West Virginia, Inc.
Mountain Health Trust

Spinal Injection Request Form

Send this completed request form to UniCare Health Plan of West Virginia, Inc.:

- Phone: **866-655-7423**
- Fax: **855-402-6983**

To prevent a delay in processing, please fill out this form in its entirety with all applicable information.

Pended reference number:			
Patient information			
Patient name:		ID number:	
DOB:		Phone number:	
Address:			
Requesting authorization for			
Servicing provider:			
Provider name:		Phone number:	
Contact person:		Fax number:	
Address:			
NPI:		TIN:	
Servicing facility:			
Facility name:		Phone number:	
Contact person:		Fax number:	
Address:			
NPI:		TIN:	
Proposed treatment			
Date of service (please request separate dates of service individually):			
Type of injection: ☐ Therapeutic IA facet ☐ Medial branch block ☐ Radiofrequency ablation (RFA) ☐ Steroid injection ☐ Diagnostic selective nerve root block			
CPT® code(s):		Dx code(s):	
Number of units/bilateral modifiers:*			
*** Please note: Bilateral injections should be listed as one unit with bilateral modifier.**			
Spine level to be injected: ☐ Right ☐ Left ☐ Bilateral			
Will injection be performed under fluoroscopy or CT guidance? ☐ Yes ☐ No			

Patient history

Duration and onset of pain:

Current symptoms:

☐ Abnormal ROM
☐ Radiculopathy
☐ Facet pain
☐ Weakness
☐ Tingling
☐ Numbness
☐ Abnormal reflexes
☐ Neurogenic claudication
☐ Special tests
Specify:
☐ Pain at site
Specify:

Activities of daily living impacted:

☐ Walking
☐ Standing
☐ Sitting
☐ Sleep
☐ Behavior changes
☐ Other
Specify:
☐ Household chores
Specify:

Imaging results:

Date(s):	

Please select type if MRI, CT, or X-ray:

☐ MRI ☐ CT ☐ X-ray

Date:	

Conservative treatment (specify dates):

☐ PT _____ ☐ Chiropractor _____ ☐ Massage _____ ☐ Home exercise plan (HEP) _____
☐ Heat/ice _____ ☐ Transcutaneous electrical nerve stimulation (TENS) _____
☐ Medications (specify): _____

Prior injections

Type(s):	
Date(s):	
Level(s):	
Percentage of pain relief:	
Duration of pain relief:	

Total cumulative steroid dose (must be completed after three injections):

Med:		Total dose:	

Purpose of treatment	
☐ Confirm root compression/radiculopathy	☐ Pain relief
☐ Confirm most symptomatic level	☐ Determine if RFA is appropriate
Consult with spine surgeon?	
Past medical history:	
If diabetic, most recent hemoglobin A1C:	

Potential contraindications/exclusions:

☐ Malignancy	☐ Ultrasound guidance
☐ Infection	☐ Uncontrolled diabetes
☐ Increased risk of bleeding	☐ Demyelinating disease/CNS process
☐ Trauma	☐ Isolated pars defect
☐ Cauda equina syndrome	☐ Chemical neurolysis
☐ Conus medullaris syndrome	☐ Moderate to severe spondylolisthesis (grade two or >)
☐ Epidural hematoma	☐ Cryodenervation
☐ Subarachnoid hematoma	☐ Posterolateral fusion or posterior instrumentation
☐ Epidural mass	☐ Cooled radiofrequency denervation
☐ Spinal cord ischemia	☐ Prolotherapy
☐ Spinal fracture < six weeks before injection	
☐ Myelopathy	

Interventional pain management guidelines may be viewed at **bit.ly/2XuWrJw**.