Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

TurningPoint

PAIN MANAGEMENT
FACET JOINT INJECTIONS
AUTHORIZATION REQUEST FORM

Utilization management toll-free phone: 1-833-217-9670
Utilization management local phone: 313-908-6040
Utilization management fax: 313-483-7323

Today's date (mm/dd/yyyy): ____ / ____ / _____	**Member name:**
Provider contact name:	**Date of birth (mm/dd/yyyy):** ____ / ____ / _____
Provider contact phone:	**Member ID (including any alpha prefix):**
Provider contact fax:	**Health plan:**
Provider name:	**Notification method preference:** ☐ Postal mail ☐ Fax **Mailing address or fax number:**
Provider TIN:	
Provider NPI:	
Practice/group name:	**Notes:**
Provider physical address:	
Provider mailing address (if different):	

Where will the procedure take place?

☐ Provider office ☐ Outpatient facility ☐ Inpatient hospital ☐ Ambulatory surgical center

Facility name:	**Facility contact name:**
Facility TIN:	**Facility contact phone:**
Facility NPI:	**Facility contact fax:**
Facility physical address:	**Facility mailing address (if different):**

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Requested procedure code	Modifier: LT, RT or 50 (bilateral)	Quantity	Spine level

Diagnosis code(s):	Anticipated date of service (mm/dd/yyyy): ____ / ____ / _____

Case urgency

☐ Standard ☐ Expedited

In keeping with guidelines from the National Committee for Quality Assurance and Centers for Medicare & Medicaid Services, prior authorization requests qualify for expedited review when the standard review time frame could do one of the following:

- Seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state.
- In the opinion of a practitioner with knowledge of the member's medical or behavioral health condition, subject the member to adverse health consequences without the care or treatment that is the subject of the request.

Patient's height:	Patient's weight:	Patient's BMI:

What type of procedure is planned? (Select one and answer all adjacent questions.)		
☐ **Initial medial branch block** (answer a – j)	a. Has moderate to severe pain (rated at least 3 out of 10), primarily axial in nature, been present for 3 months?	☐ Yes ☐ No
	b. Does the pain interfere with daily activities and get worse with bending or twisting?	☐ Yes ☐ No
	c. Are any radiculopathy or claudication symptoms (burning, tingling, cramping) present?	☐ Yes ☐ No
	d. Is the injection being done for diagnostic purposes only?	☐ Yes ☐ No
	e. Will more than the recommended amount of anesthetic be used? (Total amount less than 0.3cc for cervical spine and 0.5cc for lumbar)	☐ Yes ☐ No
	f. Are more than 2 levels (either unilateral or bilateral) planned for the procedure?	☐ Yes ☐ No
	g. Has conservative treatment been attempted for at least 4 weeks/1 month?	☐ Yes ☐ No
	h. Has medication been attempted as part of conservative treatment?	☐ Yes ☐ No
	i. Has chiropractic care, physical therapy, and/or home exercise program been attempted as part of conservative treatment?	☐ Yes ☐ No
	j. Does imaging show any other possible causes of pain (such as stenosis, nerve impingement, fracture, or infection)?	☐ Yes ☐ No
☐ **Second medial branch block (i.e. facet joint(s) that received one block prior)** (answer a – d)	a. Were criteria met for initial block?	☐ Yes ☐ No
	b. Does the medical record show at least 80% reduction in pain and improvement in function with initial block?	☐ Yes ☐ No
	c. Have 4 or more medial branch block sessions been done in this same spine region in the past 12 months (cervical/thoracic or lumbar)?	☐ Yes ☐ No
	d. Have 8 or more total medial branch block sessions for the entire spine been done in the past 12 months?	☐ Yes ☐ No

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☐ **Third or greater medial branch block (i.e. facet joint(s) that received 2 or more blocks prior)**	No questions related to this procedure; proceed to next section.	
☐ **Initial therapeutic joint injection for treatment of facet cyst** (answer a – b)	a. Does imaging (CT, MRI) confirm facet cyst causing nerve root compression or displacement?	☐ Yes ☐ No
	b. Does imaging correlate with symptoms and rule other possible causes out?	☐ Yes ☐ No
☐ **Second therapeutic joint injection for treatment of facet cyst** (answer a – b)	a. Did the original symptoms return?	☐ Yes ☐ No
	b. Does the medical record confirm at least 50% reduction in pain and improvement in function after the first procedure?	☐ Yes ☐ No
☐ **Third or greater joint injection for treatment of facet cyst**	No questions related to this procedure; proceed to next section.	
☐ **Initial therapeutic injection for chronic facet-related pain** (answer a – d)	a. Were two medial branch blocks performed at the same location as the planned therapeutic intervention?	☐ Yes ☐ No
	b. Does the medical record show that BOTH medial branch blocks resulted in at least 80% reduction in pain and improvement in function?	☐ Yes ☐ No
	c. Are more than 2 levels (either unilateral or bilateral) planned for the procedure?	☐ Yes ☐ No
	d. Does the medical record document why a radiofrequency ablation is not possible?	☐ Yes ☐ No
☐ **Second or greater therapeutic injection for chronic facet-related pain (i.e. facet joint(s) that received at least one therapeutic injection prior)** (answer a – e)	a. Were criteria met for initial therapeutic injection?	☐ Yes ☐ No
	b. Are more than 2 levels (either unilateral or bilateral) planned for the procedure?	☐ Yes ☐ No
	c. Does the medical record confirm at least 50% reduction in pain and improvement in function for 3 months after the prior procedure?	☐ Yes ☐ No
	d. Have 4 or more therapeutic facet joint injection sessions been done in this same spine region in the past 12 months (cervical/thoracic or lumbar)?	☐ Yes ☐ No
	e. Have 8 or more total therapeutic facet joint injection sessions for the entire spine been done in the past 12 months?	☐ Yes ☐ No

Do any of the following apply? (Answer a – f)	
a. Injection with steroid planned with uncontrolled diabetes, uncontrolled hypertension, or congestive heart failure present	☐ Yes ☐ No
b. Systemic or localized infection at planned injection site	☐ Yes ☐ No
c. Facet joint intervention is planned at a fused spine level	☐ Yes ☐ No
d. Facet joint intervention is planned at the site of a previously successful radiofrequency ablation	☐ Yes ☐ No
e. Other pain management interventions planned same day (i.e. epidural steroid injection, SI joint injection, trigger point injection, etc.)	☐ Yes ☐ No
f. Pain management procedures planned in multiple regions (i.e. cervical/thoracic AND lumbar or sacral)	☐ Yes ☐ No
Will the procedure be performed with fluoroscopic guidance?	☐ Yes ☐ No
Is general anesthesia, conscious sedation, or monitored anesthesia care planned?	☐ Yes ☐ No

Include imaging reports, surgical plan and clinical documentation of all conservative therapies that have been attempted as well as the duration of each type of conservative treatment.	
Form completed by:	**Date:**