group health Cooperative of eau claire

Surgical Consult for Low Back Pain
Prior Authorization Request

Member Information		
Member Name (please print)	Date of Birth	Member ID

Provider Information			
Referring Provider	Tax ID		Fax
Refer to Provider *(Name of Orthopedic Spine Surgeon/Neurosurgeon/Clinic)*	Phone		Fax
Diagnosis	NPI		ICD-10
Provider Contact Name	Phone	Fax	Request Date

Please submit clinical documentation to support medical necessity for requested item.

Please indicate if any of the following are present:

- ☐ Fever
- ☐ Pain for more than 6 weeks
- ☐ Osteoporosis
- ☐ Immunosuppression
- ☐ Unexplained Weight Loss
- ☐ Trauma
- ☐ Prior Spine Surgery
- ☐ H/O Cancer
- ☐ IV Drug Use
- ☐ Neurodeficit

Please indicate the reason for requesting a surgical consult:

Patient has failed the following treatments:

☐ NSAIDs ☐ Spinal Injections ☐ Physical Therapy ☐ Chiropractic Treatment

Projected appointment date:

Please fax completed form to: Group Health Cooperative of Eau Claire **Fax:** 715.552.7202