SPINAL INJECTION REQUEST FOR REVIEW FORM

Please fax form and supporting documentation to 877-665-0383

PLEASE COMPLETE ALL FIELDS.

Submitted by:

Contact: _____

Phone #: _____ Ext/Option #: _____ Fax #: _____

Worker Information:

Name: _____ L+I Claim #: _____

Date of Birth: _____ Date of Injury: _____

Ordering Provider Information:

Provider Name: _____ L&I Provider ID #: _____

Provider Phone #: _____ Provider Fax #: _____

Facility Information:

Facility Name: _____

Facility Phone #: _____ L&I Facility ID #: _____

Injection Information:

Date: □ To be scheduled □ Date planned: _____ Already done □ (Date completed): _____

Diagnosis Code (***one is required***) - ICD9-CM: _____

Primary Procedure(s) CPT: _____

Please Note: *Not all CPT codes require review.* *http://www.lni.wa.gov/ClaimsIns/Providers/Billing/FeeSched/default.asp*

Site to be injected: *(check only one)* □ Left □ Right □ Bilateral □ Interlaminar □ Caudal

Spinal Levels: _____

Please see guidelines for limitations, number of levels per side of body allowed per date of service.

Type of Request:

(Please check one)

□ **Initial Injection** - MUST SUBMIT WITH COMPLETED QUESTIONNAIRE

□ **Second request** for injection at level previously injected - MUST SUBMIT WITH COMPLETED QUESTIONNAIRE

□ **Third request** for injection at level previously injected - MUST SUBMIT WITH COMPLETED QUESTIONNAIRE. Chart notes may be requested.

□ **Full review of prior denial** - Must submit chart notes. DO NOT SEND QUESTIONNAIRE. Reference number of prior denial: **250** _ _ _ _ _ _ _

NOTE: If chart notes are required, submit the following:
initial consult, follow-up visit notes, physical exam, and imaging.

Qualis Health Use Only - Reference #:

Qualis Health provides only recommendations on medical necessity. L&I makes the final determination regarding authorization.

For program information, call Qualis Health Workers' Compensation at (800) 541-2894 or visit our website: http://www.qualishealth.org/healthcare-professionals/washington-labor-industries

Internet (***preferred***)	**Login at:**
This form is ***not*** necessary for iEXCHANGE®.	http://www.onehealthport.com/services/Qualis.php