



Next Generation Solutions

Detailed Request Checklists for Interventional Pain Management



8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago,
IL 60631 www.carelon.com

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Getting ready to place a request

Knowing what information you will need for each request saves time. Our interventional pain management request checklist can help you identify and collect the information you need to have available when entering a request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit a request.

NOTE: Interventional pain management procedures performed in the emergency room or on an inpatient basis do not require prior authorization.

INFORMATION YOU WILL NEED FOR INTERVENTIONAL PAIN MANAGEMENT REQUESTS

For ALL interventional pain management requests, you will need:

- Member first and last name
- Ordering provider first and last name
- CPT code(s) and the name of the procedure you are requesting
- Requested procedure to include:
 - Spine Level(s)
 - Spine laterality – if applicable (right, left, or bilateral)
 - Medical purpose if applicable (diagnostic or therapeutic)
- Date of procedure and type of facility (inpatient, outpatient hospital, ambulatory surgery center, or office)
- Type of imaging guidance

Documentation will be requested for submission at the time of review
This includes, but is not limited to the following:

- Clinical diagnosis (primary reason or medical necessity for intervention)
- Medical records that include and limited to the following:
 - Patient complaints/symptoms to include:
 - Date of onset of pain or exacerbation
 - Activity limitations
 - Duration of pain; number of weeks for THIS occurrence
 - Exact location of pain and current pain level
 - Evidence of non-operative conservative treatment to include, duration, and results (e.g., interventional pain management procedures, physical therapy, chiropractic or osteopathic manipulation, acupuncture, massage therapy, and/or medication)
 - Other symptoms (new or worsening)
 - Functional assessment or functional outcome score
 - Result of neurologic physical exam (e.g., motor deficit distribution, reflex, sensory, and strength)
- Diagnostic imaging results (X-ray, CT, MRI, etc.) of the pertinent region performed within the last 12 months