



**Please Note:** For non-urgent pain management injection requests, please complete form and submit with all appropriate and relevant medical records (imaging, office visit notes, attempted conservative treatments, etc.). Failure to submit appropriate relevant medical records may result in determination delays and denials.

\*Requests can be submitted online at any time through [Availity.com](https://www.availity.com).

\*Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling 423-535-5717 option 2 or emailing [eBusiness\\_marketing@bcbst.com](mailto:eBusiness_marketing@bcbst.com).

**BlueCross BlueShield of Tennessee: Commercial Members Only**

Use for CPT codes 64633, 64634\*, 64635, 64636\*

*\* Codes 64634 and 64636 use LT, and/or RT modifiers only, not 50 (bilateral)*

Today's date (mm/dd/yyyy): \_\_ / \_\_ / \_\_\_\_

MEMBER INFORMATION		
Member name:		Date of birth (mm/dd/yyyy): __ / __ / ____
Member ID:	Suffix:	Health plan:

RENDERING PROVIDER INFORMATION	
Contact name:	
Contact phone:	Contact fax:
Provider name:	
Provider NPI:	Provider Mailing address or fax number:
Provider TIN:	
BCBSTN Provider ID:	
Practice/group name:	
Notes:	Provider physical address:
	Notification method preference: <input type="radio"/> Postal mail <input type="radio"/> Fax

\*Requests can be submitted online at any time through [Availity.com](https://www.availity.com)

\*Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling 423-535-5717 option 2 or emailing [eBusiness\\_marketing@bcbst.com](mailto:eBusiness_marketing@bcbst.com).



<b>Where will the procedure take place?</b>	
<input type="radio"/> Provider office <input type="radio"/> Outpatient <input type="radio"/> Observation <input type="radio"/> Inpatient hospital	
<b>Facility name:</b>	<b>BCBSTN Provider ID:</b>
<b>Facility TIN:</b>	<b>Facility contact name:</b>
<b>Facility NPI:</b>	<b>Facility contact phone:</b>
<b>Facility physical address:</b>	<b>Facility contact fax:</b>

Requested procedure code	Modifier: LT, RT or 50 (bilateral)	Quantity	Spine level
<b>Primary Diagnosis code:</b>	<b>Anticipated date of service (mm/dd/yyyy):</b> __ / __ / ____		
<b>Additional Diagnosis code(s):</b>			
<b>Patient's height:</b>	<b>Patient's weight:</b>	<b>Patient's BMI:</b>	

<b>What type of intervention is planned? Select applicable.</b> <ul style="list-style-type: none"> <li><input type="radio"/> Non-pulsed radiofrequency denervation</li> <li><input type="radio"/> Pulsed radiofrequency denervation</li> <li><input type="radio"/> Laser denervation</li> <li><input type="radio"/> Chemical denervation (via alcohol, phenol, or high-concentration local anesthetic)</li> <li><input type="radio"/> Cryo-denervation</li> <li><input type="radio"/> Low grade thermal energy (&lt;80 degrees Celsius)</li> </ul>	<b>How much pain relief was received from diagnostic nerve block? Select one.</b> <ul style="list-style-type: none"> <li><input type="radio"/> No diagnostic nerve block completed</li> <li><input type="radio"/> 0-19% pain relief</li> <li><input type="radio"/> 20-39% pain relief</li> <li><input type="radio"/> 40-59% pain relief</li> <li><input type="radio"/> 60-79% pain relief</li> <li><input type="radio"/> 80-100% pain relief</li> </ul>
--	---

\*Requests can be submitted online at any time through [Availity.com](https://www.availity.com)

\*Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling 423-535-5717 option 2 or emailing [eBusiness\\_marketing@bcbst.com](mailto:eBusiness_marketing@bcbst.com).



**PAIN MANAGEMENT  
NEUROTOMY  
AUTHORIZATION REQUEST FORM**

Utilization Management local phone: 866-747-0586  
Utilization Management fax: 423-800-5302

<p><b>Is this being performed to treat medial branches of the dorsal spinal nerves? Select one.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>	<p><b>How long has it been since the diagnostic injection was completed? Select one.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Less than 1 week (0-6 days)</li> <li><input type="radio"/> 1 week (7-13 days)</li> <li><input type="radio"/> 2 weeks (14-20 days)</li> <li><input type="radio"/> 3 or more weeks (21+ days)</li> </ul>
<p><b>Has a previous radiofrequency neurotomy been performed at this joint within 6 months? Select one.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> </ul> <p>How many neurotomy procedures has the patient had at this joint in the past 6 months? _____</p> <p>What was the result of the initial procedure(s)? Reduction in pain by _____ % for a duration of _____ months.</p> <ul style="list-style-type: none"> <li><input type="radio"/> No previous radiofrequency neurotomy – first treatment at this joint</li> </ul>	<p><b>Have there been more than two (2) thermal radiofrequency sessions during the calendar year in the spinal region (cervical/thoracic, lumbar or sacroiliac) intended to be treated?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>Dates and Levels of All Previous Radiofrequency Sessions:</p>
<p><b>Which region of the spine will be treated? Select applicable.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Cervical/Thoracic</li> <li><input type="radio"/> Lumbar</li> <li><input type="radio"/> Sacroiliac</li> </ul>	

By submitting this request, you are confirming that you have provided all clinical information available pertinent to this request and you are requesting the decision be made based on information provided in your submission.

<p><b>Form completed by:</b></p>	<p><b>Date:</b></p>
----------------------------------	---------------------

\*Requests can be submitted online at any time through [Availity.com](https://www.availity.com)

\*Contact the eBusiness Marketing team for all your Availity® registration and training needs by calling 423-535-5717 option 2 or emailing [eBusiness\\_marketing@bcbst.com](mailto:eBusiness_marketing@bcbst.com).