

Please fax form and supporting documentation to 888-213-7516

PLEASE COMPLETE ALL FIELDS.

Submitted by:

Contact: _____

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

Patient Information: (all fields required)

First Name: _____ Last Name: _____

WA Medicaid ID #: _____ Date of Birth: _____ Female Male

NOTE: Review is only performed by Qualis Health if the patient has Fee-For-Service Medicaid.

Check eligibility thru the Provider One system prior to submitting requests:

http://www.hca.wa.gov/medicaid/provider/Documents/provideroneguide/client_eligibility_bsp_coverage.pdf

Ordering Provider Information:

Provider Name: _____

Provider Phone #: _____ Provider Fax #: _____

Individual NPI #: _____ **Billing NPI #** (if different): _____

Facility Information:

Facility Name: _____ NPI #: _____

Facility Phone #: _____ Facility Fax #: _____

Injection Information: Date: To be scheduled Date planned: _____

Already done (date completed): _____

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

Procedure(s) CPT: _____

Please Note: Not all CPT codes require review. <http://www.hca.wa.gov/medicaid/rbrvs/Pages/index.aspx>

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

Spinal Nerves/Levels to be injected: _____

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: 913 _____

NOTE: If chart notes are required, submit the following: initial consult, follow-up visit notes, physical exam; imaging reports, and documentation of conservative care.

Qualis Health Use Only - Reference #:

Qualis Health provides only recommendations on medical necessity. Health Care Authority makes the final determination regarding authorization.

For program information, call Qualis Health Washington Medicaid at (888) 213-7513 or visit our website:

<http://www.qualishealth.org/healthcare-professionals/washington-medicaid>

Internet (preferred)

Login at:

This form is **not** necessary for iEXCHANGE®. <http://www.onehealthport.com/services/Qualis.php>