

' Spine Surgical Practice - Low Back Pain Office Visits

- Please fax the prior notification form to 952-853-8721.
- For questions call HealthPartners UM department at 952-883-6333.
- Form must be submitted prior to scheduling.
- Incomplete submissions may result in delay of the decision.

MemberInformation	
Member Name:	Member ID #:
DOB:	
Requester Information	
Form Completed By:	Clinic/Facility:
Fax # for reply:	Phone #: Is voice mail confidential? Yes No
Spine Surgeon Information	
Physician full name:	
Tax ID #:	NPI #:
Fax #:	Phone #:
Proposed date of office visit: / / OR LI TBD	
Member's Diagnosis: ICD-10:	
Medical Spine Center Evaluation	
Medical Spine Center name:	
Medical Spine Specialist name:	
Date of evaluation:	
Exemption for Medical Spine Evaluation - Please check all that apply	
Member is less than 18 years of age	
Member lives in exempt county. List County:	
Description:	
Member has an exempt diagnosis. ICD-10: Description:	
Post-operative visits (within 2 years of surgery):	
Date of surgery: Type of Surgery:	
Spine Surgeon:	
Physician Attestation	
The information is a true and accurate representation of my patient's current condition. I hereby incorporate this document into my patient's medical record. This document is supported by additional medical records in my patient's file.	
Medical policy criteria for surgical spine office visit has been 🗌 Met 🗌 Not Met	
Physician or Treating Practitioner Signature: Date: Date:	
Please note: A retrospective audit may occur to ensure compliance with HealthPartners policy.	