

## Tips for Submitting Pain Management Injection Requests

### Information for all network providers

As a reminder, providers should include the following information with every Pain Management Request submitted for a Prior Authorization (PA):

- Current Procedural Terminology (CPT) Codes with number of units for each code requested
- Indication of what injections are planned for left, right or bilateral
- Indication on which levels injections are planned (e.g. Epidural injection L3-4 right side)
- All Physical Therapy (PT) information, including number of visits, dates of therapy, reason for therapy, PT contraindications
- Documentation of injections completed within a rolling calendar year from time of request, including dates completed, levels completed, location/side injection completed, percent of relief sated by patient
  - Note: If there have been no previous injections state “no history of pain injections”
- Inclusion of imaging reports with each request (e.g. Magnetic Resonance Imaging [MRI], Computed Tomography [CT], X-ray)
- All previous treatments (e.g. medications, activity modifications, PT, aquatic therapy), including length of treatment
- Any pain specifics (e.g. location of pain, patient pain scale rating, description of pain, duration of pain)
- Indication of any recent change in condition (i.e. a fall or injury) that may be the reason to cause an increase in pain or a change in pain pattern
- The findings from a physical exam, or documentation as to why no physical exam was completed (i.e. Telehealth visit)

The Prior Authorization Request Form, available on the Molina Provider Website, under the “Forms” tab, on the “Provider Forms” page, under “Prior Authorizations” should include International Classification of Diseases, Tenth Revision (ICD-10) Codes, CPT codes, levels injected, left/right/bilateral and requested date span.

Clinical documents should include office visit notes, conservative treatments tried, imaging, when PT was last done, how many visits and for what body region (e.g. cervical, thoracic, lumbar).

For questions reach out to the Provider Services Team at (855) 322-4079.

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#### Questions?

Provider Services – (855) 322-4079  
8 a.m. to 5 p.m., Monday to Friday  
(MyCare Ohio available until 6 p.m.)

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