



Fulcrum Health, Inc. – Utilization Management
 3300 Fernbrook Lane, Suite 150
 Plymouth, MN 55447
 Phone: 877-886-4941 ext. 207
 Fax: 763-204-8572, Out of Network: 612-884-2499

Medicaid Acupuncture Prior Authorization Request Form

Prior authorization must be obtained for any treatments after 20 units per calendar year.
 MSHO and Connect + Medicare with chronic low back pain, treat for 20 visits prior to accessing Medicaid benefits.

Please complete the entire form. Fax to: **763.204.8572, out of network: 612-884-2499 Incomplete forms will be returned.*

Patient information

Name: _____ Date of Birth: _____

Insurance ID: _____

Submit with this request:

- PROMIS 10 Outcome Assessment completed by the patient.
- Medical records including intake, exam, progress notes, outcome assessments and treatment plan with goals for this episode of care.
- Dual eligible plans submit your denied claims exceeding Medicare benefit limit, if available.

Provider completes this section

Provider Name: _____ Provider NPI: _____

Clinic NPI: _____ Clinic Tax ID Number (TIN): _____

Clinic Name: _____ Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Provider Contact Name: _____ Provider Contact Phone: _____

Fax: _____ Out of network provider (include referring provider material)

Note: This request does not guarantee payment for services. Benefits will be determined in accordance with the policy terms in effect on the date of service. Please refer to the Policy documents (e.g. Certificate of Coverage, Benefit Riders) for a complete description of plan benefits, limitations, and exclusions. Call Customer Service at the phone number on the back of the insurance ID card.

Service request

Preauthorization request:

Unit Number: _____

Visit Number: _____

Start Date: _____

Treatment timeframe: 30 60 (days)

ICD-10 Diagnosis Codes:

Primary DX: _____

Secondary DX: _____

Chinese Medicine DX:

Completed since January 1st:

of visits _____ # of units _____

Improvement % since start of care: _____

Technique(s) used: _____

Is patient under care of another provider for this issue: Y N

Provider Type: _____

Initial and Current Problem VAS Scale [0 to 10]:

Initial: _____ Current: _____

Coverage Condition (DHS):

Acute pain	Chronic pain	Nausea/vomiting associated with	Xerostomia associated with
Anxiety	Insomnia	- Post-operative	- Sjogren's syndrome
Chronic pain	Restless legs syndrome	- Cancer care	- Radiation therapy
Depression	Smoking cessation	- Pregnancy	
Schizophrenia	Menstrual disorders		
PTSD			

Provider Comments: [Injury Details] [Exacerbation Details] [Miscellaneous Details] [Details of progress with care]

PROMIS[®] Scale v1.2 – Global Health

Global Health

Please respond to each question or statement by marking one box per row.

		Excellent	Very good	Good	Fair	Poor
Global01	In general, would you say your health is:	5	4	3	2	1
Global02	In general, would you say your quality of life is:	5	4	3	2	1
Global03	In general, how would you rate your physical health?	5	4	3	2	1
Global04	In general, how would you rate your mental health, including your mood and your ability to think?	5	4	3	2	1
Global05	In general, how would you rate your satisfaction with your social activities and relationships?	5	4	3	2	1

Global09	In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	5	4	3	2	1
		Completely	Mostly	Moderately	A little	Not at all
Global06	To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	5	4	3	2	1

PROMIS® Scale v1.2 – Global Health

In the past 7 days...

		Never	Rarely	Sometimes	Often	Always						
Global10	How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	5	4	3	2	1						
		None	Mild	Moderate	Severe	Very severe						
Global08	How would you rate your fatigue on average?	5	4	3	2	1						
Global07	How would you rate your pain on average?	0	1	2	3	4	5	6	7	8	9	10
		No pain										Worst pain imaginable