EviCore
By EVERNORTH

Public Information

Musculoskeletal Program: Acupuncture Clinical Worksheet

These worksheets are used to collect the information needed for treatment request determinations. The determinations are made in accordance with the eviCore Acupuncture Services Clinical Guidelines found at evicore.com

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):		**Date of Submission:**	
Place of Service:			

PATIENT

First Name:		MI:		Last Name:	
Member ID:		DOB (mm/dd/yyyy):		Gender: ☐ Male ☐ Female	
Street Address:				Apt #:	
City:		State:		Zip:	
Home Phone:		Cell Phone:		Primary: ☐ Home ☐ Cell	
Member Health Plan/Insurer:					

PROVIDER

First Name:		Last Name:			
Primary Specialty:		TIN:		NPI:	
Physician Phone:		Physician Fax:			
Address:				Suite #:	
City:		State:		Zip:	
Office Contact:		Ext:		Email:	

ADMINISTRATIVE

Diagnoses:

Code	*Description*	*Code*	*Description*

Start Date for this Request:

Has the patient been evaluated by their medical doctor for this condition? ☐ Yes ☐ No

The most recent date of the medical doctor's evaluation: _____

Medical Doctor's Diagnosis: _____

Primary Treatment Area/Condition: Choose only one.

Musculoskeletal:	☐ Headache / Migraine	☐ Cervical / Upper Thoracic	☐ Lower Thoracic / Lumbosacral
	☐ Shoulder / Arm	☐ Elbow / Forearm	☐ Hand / Wrist
	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot / Leg
Non-Musculoskeletal:	☐ Allergic rhinitis	☐ Anxiety (primary) and/or Depression (primary)	
	☐ Aromatase-inhibitor induced arthralgia	☐ Asthma	
	☐ Cancer pain and/or fatigue	☐ Chemotherapy-related nausea	
	☐ Chronic functional constipation	☐ Chronic prostatitis	
	☐ Dry eye syndrome	☐ Fibromyalgia	
	☐ Insomnia (primary)	☐ Irritable bowel syndrome	
	☐ Menopausal hot flashes / night sweats	☐ Post-stroke spasticity, shoulder pain, insomnia and/or dysphagia	
	☐ Other		

CONTINUED ON NEXT PAGE

Member Name:		Member ID:		Provider Name:	

Secondary Treatment Area/Condition: Choose only one. ☐ No second area being treated

Musculoskeletal:	☐ Headache / Migraine	☐ Cervical / Upper Thoracic	☐ Lower Thoracic/ Lumbosacral
	☐ Shoulder / Arm	☐ Elbow / Forearm	☐ Hand / Wrist
	☐ Hip / Thigh	☐ Knee	☐ Ankle / Foot / Leg
Non-Musculoskeletal:	☐ Allergic rhinitis	☐ Anxiety (primary) and/or Depression (primary)	
	☐ Aromatase-inhibitor induced arthralgia	☐ Asthma	
	☐ Cancer pain and/or fatigue	☐ Chemotherapy-related nausea	
	☐ Chronic functional constipation	☐ Chronic prostatitis	
	☐ Dry eye syndrome	☐ Fibromyalgia	
	☐ Insomnia (primary)	☐ Irritable bowel syndrome	
	☐ Menopausal hot flashes/ night sweats	☐ Post-stroke spasticity, shoulder pain, insomnia and/or dysphagia	
	☐ Other		

Date of initial evaluation:	Date of current findings:

Please ONLY complete the following section(s) based upon the Treatment Area/Conditions(s) selected above. Information specific to the Primary Treatment Area MUST be completed.

MUSCULOSKELETAL

OUTCOME ASSESSMENT: MUSCULOSKELETAL

Complete the following section for initial or follow-up care as appropriate

Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used": ☐ None Used

	Initial	***Follow-Up***
☐ Headache Disability Index (HDI)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Neck Disability Index (NDI)	_____% (0-100 score)	Current: _____% Initial: _____%
☐ Oswestry Disability Index (ODI)	_____% (0-100 score)	Current: _____% Initial: _____%
☐ Roland Morris Disability Questionnaire (RMDQ)	_____ (0-24 score)	Current: _____ Initial: _____
☐ Disabilities of Arm, Shoulder, and Hand (DASH/QuickDASH) More than 3 blank answers?	_____ (0-100 score) ☐ Yes ☐ No	Current: _____ Initial: _____
☐ Shoulder Pain and Disability Index (SPADI)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Lower Extremity Functional Scale (LEFS)	_____ (0-80 score)	Current: _____ Initial: _____
☐ Hip Disability and Osteoarthritis Outcome Score (HOOS Jr)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Knee Disability and Osteoarthritis Outcome Score (KOOS Jr)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	_____ (0-96 score)	Current: _____ Initial: _____
☐ Numeric Rating Scale (NRS)	_____ (0-10 score)	Current: _____ Initial: _____

CONTINUED ON NEXT PAGE

Member Name:		Member ID:		Provider Name:	

NON-MUSCULOSKELETAL

OUTCOME ASSESSMENT: NON-MUSCULOSKELETAL

Complete the following section for initial or follow-up care as appropriate

Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used": ☐ None Used

	Initial	***Follow-Up***
☐ Asthma Control Test (ACT)	_____ (5-25 score)	Current: _____ Initial: _____
☐ Fibromyalgia Impact Questionnaire (FIQ)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Fugl-Meyer Assessment Upper Extremity (FMA-UE)	_____ (0-66 score)	Current: _____ Initial: _____
☐ Hospital Anxiety and Depression Scale (HADS)	_____ (0-21 score)	Current: _____ Initial: _____
☐ Hot Flash Related Daily Interference Scale (HFRDIS)	_____ (0-10 score)	Current: _____ Initial: _____
☐ Irritable Bowel Syndrome Quality of Life (IBS-QOL)	_____ (34-170 score)	Current: _____ Initial: _____
☐ Irritable Bowel Syndrome Symptom Severity Scale (IBS-SSS)	_____ (0-500 score)	Current: _____ Initial: _____
☐ Modified Ashworth Scale (MAS)	_____ (0-4 score)	Current: _____ Initial: _____
☐ NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)	_____ (0-43 score)	Current: _____ Initial: _____
☐ Numeric Rating Scale (NRS)	_____ (0-10 score)	Current: _____ Initial: _____
☐ Ocular Surface Disease Index (OSDI)	_____ (0-100 score)	Current: _____ Initial: _____
☐ Patient Assessment of Constipation Quality of Life (PAC-QOL)	_____ (0.0-4.0 score)	Current: _____ Initial: _____
☐ Pittsburgh Sleep Quality Index (PSQI)	_____ (0-21 score)	Current: _____ Initial: _____
☐ Quality of Life Questionnaire Core 30 (QLQ-C30)	_____ (30-126 score)	Current: _____ Initial: _____
☐ Quality of Life Scale (QOLS)	_____ (16-112 score)	Current: _____ Initial: _____
☐ Rhinitis Control Assessment Test (RCAT)	_____ (6-30 score)	Current: _____ Initial: _____

RESPONSE TO CARE

	Initial	***Follow-Up***
This care is expected to result in progressive improvement as described in the eviCore Acupuncture Clinical Guidelines. Please mark **if** progress has been affected by the following:	*N/A – Leave Blank for Initial Request*	☐ N/A – Progress is not affected by any of the below listed options ☐ "Overdid it" causing increase in symptoms ☐ Symptoms progressed despite treatment ☐ Suffered a new injury resulting in significant change ☐ Unable to complete clinical visits ☐ Current care is maintenance, preventive, or palliative in nature