

# Musculoskeletal Surgery Checklist for Hip, Knee, and Shoulder

To expedite the process, please have the following information ready before logging on to [RadMD.com](http://RadMD.com) or calling the Evolent (formerly National Imaging Associates, Inc.) Utilization Management staff. Medical necessity determinations are based on Evolent Clinical Guidelines. Evolent Clinical Guidelines are available on RadMD.

*Clinical information must be documented in office visit notes or other medical record documentation, such as x-ray results, diagnostic imaging or testing reports, or other physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in office visit notes or other objective documents will be noted as such- “handwritten note on cover sheet (telephone call, etc.) without confirmation in office visit note”- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.*

## Required Information

1. Member information: first and last name, healthcare company and ID number, date of birth, address
2. Ordering physician information: name, NPI, phone number, fax number, address
3. Anticipated date of surgery
4. Requested surgery type (and CPT code) for verification if questions arise around procedure grouping on matrix). Select from the following choices:

<b>HIP</b>	<ul style="list-style-type: none"> <li>➤ Total Hip Arthroplasty/Resurfacing</li> <li>➤ Revision/Conversion Hip Arthroplasty</li> <li>➤ Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher &amp; labral repair)</li> <li>➤ Hip Surgery – Other (includes synovectomy, chondroplasty, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)</li> </ul>
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<b>KNEE</b>	<ul style="list-style-type: none"> <li>➤ Total Knee Arthroplasty (TKA)</li> <li>➤ Revision Knee Arthroplasty</li> <li>➤ Partial-Unicompartmental Knee Arthroplasty (UKA)</li> <li>➤ Knee Manipulation under Anesthesia (includes lysis of adhesions)</li> <li>➤ Knee Ligament Reconstruction/Repair</li> <li>➤ Knee Meniscectomy/Meniscal Repair/Meniscal Transplant</li> <li>➤ Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement,</li> </ul>
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chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

## SHOULDER

- Total/Reverse Shoulder Arthroplasty or Resurfacing
- Revision Shoulder Arthroplasty
- Partial-Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair (includes Bankart, SLAP, Capsulorrhaphy)
- Frozen Shoulder Repair/Adhesive Capsulitis (includes lysis and resection of adhesions, capsular release and manipulation)
- Shoulder Surgery – Other (includes debridement, subacromial manipulation, decompression, biceps tenotomy/tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy, distal clavicle excision, acromioplasty)

*Surgeries addressing the following are **not** included in the musculoskeletal management program: trauma, amputation, fracture, active infection, pediatric conditions, congenital malformation, dysplasia (hip), palsy/plegia, osteochondritis dissecans (knee), osteotomy (knee), tumor, cyst, cancer, arthrodesis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), hardware removal & foreign body.*

5. ICD-10 codes
6. Facility information: name of facility where the surgery will be performed, address, TIN, requested setting (inpatient, outpatient, ambulatory surgical center)
7. Details justifying the surgical procedure:
  - Primary Clinical Diagnosis
  - Current symptoms
  - Date of onset of symptoms or length of time member has had symptoms
  - Physician exam findings (including findings applicable to the requested services)
  - Non-operative treatment modalities completed, dates and length of treatments, duration of pain relief, and results (e.g., physical therapy, intra-articular cortisone injections, viscosupplementation, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
  - Diagnostic imaging results
  - BMI/Weight and Height

### **Please be prepared to fax the following information, if requested:**

- Surgeon's recent clinical notes outlining clinical conditions and member's symptoms (type, onset, and length of symptoms)
- Relevant clinical and surgical history related to the proposed surgery
- Physical exam findings
- Non-operative treatment modalities completed, dates and length of treatments completed, duration of pain relief, and results

