

# Musculoskeletal Surgery Checklist for Hip, Knee, and Shoulder

Please be prepared to provide the following information when requesting prior authorization for outpatient and inpatient hip, knee, and shoulder surgeries:

## 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>➤ Revision/Conversion Hip Arthroplasty</li> <li>➤ Total Hip Arthroplasty/Resurfacing</li> <li>➤ Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher &amp; labral repair)</li> <li>➤ Hip Surgery – Other (includes synovectomy, 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>➤ Revision Knee Arthroplasty</li> <li>➤ Total Knee Arthroplasty (TKA)</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 with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)</li> </ul>
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<b>SHOULDER</b>	<ul style="list-style-type: none"> <li>➤ Revision Shoulder Arthroplasty</li> <li>➤ Total/Reverse Shoulder Arthroplasty or Resurfacing</li> <li>➤ Partial-Shoulder Arthroplasty/Hemiarthroplasty</li> <li>➤ Shoulder Rotator Cuff Repair</li> <li>➤ Shoulder Labral Repair (includes Bankart, SLAP, Capsulorrhaphy)</li> <li>➤ Frozen Shoulder Repair/Adhesive Capsulitis (includes lysis and resection of adhesions, capsular release and manipulation)</li> </ul>
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	<ul style="list-style-type: none"> <li>➤ Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)</li> </ul>
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*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
  - Depending on the requested surgical procedure, documentation of at least 6 weeks to 3 months of non-operative care is required prior to surgery. Non-operative care should include at least two or more of the following):
    - \*Six (6) months of non-operative care may be required for some proposed surgeries
      - Rest or activity modifications/limitations
      - Ice/heat
      - Weight reduction for member with elevated BMI/Weight optimization
      - Protected weight-bearing with cane, walker, or crutches
      - Physical therapy modalities
      - Supervised home exercise
      - Pharmacologic treatment: oral/topical NSAIDS, acetaminophen, analgesics

- Brace/orthosis
- Injections (e.g., cortisone)
  - Date of last injection
  - \*Cortisone Injections completed within 12 weeks of the proposed surgery are a contraindication for total joint procedures
- Diagnostic Imaging results
  - Actual MRI reports are required if completed
  - All x-rays should include weight-bearing status
- Statement of medical necessity for bilateral surgery