Musculoskeletal Surgery Checklist

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

**Required Information**

1. Name and office phone number of ordering physician
2. Member name and ID number
3. Requested surgery type. Select one* from the following choices:

   **HIP**
   - Revision/Conversion Hip Arthroplasty
   - Total Hip Arthroplasty/Resurfacing
   - Femoroacetabular Impingement (FAI) Hip Surgery (includes CAM/pincher & labral repair)
   - Hip Surgery – Other (includes synovectomy, loose body removal, debridement, diagnostic hip arthroscopy, and extra-articular arthroscopy)

   **KNEE**
   - Revision Knee Arthroplasty
   - Total Knee Arthroplasty (TKA)
   - Partial-Unicompartmental Knee Arthroplasty (UKA)
   - Knee Manipulation under Anesthesia (MUA)
   - Knee Ligament Reconstruction/Repair
   - Knee Meniscectomy/Meniscal Repair/Meniscal Transplant
   - Knee Surgery – Other (includes synovectomy, loose body removal, diagnostic knee arthroscopy, debridement with or without chondroplasty, lateral release/patellar realignment, articular cartilage restoration)

   *NOTE: only one authorization per surgery is required.

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, arthrodessis, girdle resection (hip), denervation (hip), joint dislocation, hemiarthroplasty (hip), & foreign body.

4. Name of facility where the surgery will be performed
5. Anticipated date of surgery
6. Details justifying the surgical procedure:
   - Clinical Diagnosis
   - Date of onset of pain or symptoms /Length of time patient has had episode of pain
2 — Musculoskeletal Management Hip & Knee Surgery Checklist for Florida Blue

- Physician exam findings (including findings applicable to the requested services)
- Pain/Patient Symptoms and duration from onset
- Diagnostic imaging results
- Non-operative treatment modalities completed, date, duration of pain relief, and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)
- BMI/Weight, tobacco use, and mental health status

7. Please be prepared to fax the following information, if requested:

- Clinical notes outlining type and onset of symptoms
- Length of time with pain/symptoms
- Non-operative care modalities to treat pain and results of procedure
- Physical exam findings
- Diagnostic Imaging results
- Specialist reports/evaluation