Musculoskeletal Surgery Checklist

Please be prepared to provide the following information when requesting prior authorization for outpatient and inpatient knee and hip 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:
   - Lumbar Fusion—Multiple Levels
   - Lumbar Fusion—Single Level
   - Lumbar Decompression
   - Lumbar Microdiscectomy Only
   - Cervical Anterior Decompression with Fusion—Multiple Levels
   - Cervical Anterior Decompression with Fusion—Single Level
   - Cervical Posterior Decompression with Fusion—Multiple Levels
   - Cervical Posterior Decompression with Fusion—Single Level
   - Cervical Posterior Decompression (without fusion)
   - Cervical Artificial Disc Replacement
   - Cervical Anterior Decompression (without fusion)

*NOTE: only one authorization per surgery is required.*

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
   - 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