



Spine Surgery Checklist

Please be prepared to provide the following information when requesting prior authorization for outpatient and inpatient lumbar and cervical spine surgeries:

Required Information

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

Lumbar Fusion— Multiple Levels
Lumbar Fusion—Single Level
Lumbar Decompression
Lumbar Microdiscectomy <i>Only</i>
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.

- Name of facility where the surgery will be performed
- Anticipated date of surgery
- Details justifying the surgical procedure:
 1. Clinical Diagnosis
 2. Date of onset of pain or symptoms /Length of time patient has had episode of pain
 3. Physician exam findings (including findings applicable to the requested services)
 4. Pain/Patient Symptoms and duration from onset
 5. Diagnostic imaging results
 6. 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)
 7. BMI/Weight, tobacco use, and mental health status
- Please be prepared to fax the following information, if requested:
 1. Clinical notes outlining type and onset of symptoms
 2. Length of time with pain/symptoms
 3. Non-operative care modalities to treat pain and results of procedure
 4. Physical exam findings
 5. Diagnostic Imaging results
 6. Specialist reports/evaluation