

# Musculoskeletal Surgery Checklist for Spine

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

## Required Information

- Member information: first and last name, healthcare company and ID number, date of birth, address
- Ordering physician information: name, NPI, phone number, fax number, address
- Anticipated date of surgery
- Requested surgery type and CPT codes. Select **one** from the following choices\*:

<b>Lumbar Fusion— Multiple Levels</b>
<b>Lumbar Fusion—Single Level</b>
<b>Lumbar Decompression</b>
<b>Lumbar Microdiscectomy <i>Only</i></b>
<b>Cervical Anterior Decompression with Fusion –Multiple Levels</b>
<b>Cervical Anterior Decompression with Fusion— Single Level</b>
<b>Cervical Posterior Decompression with Fusion –Multiple Levels</b>
<b>Cervical Posterior Decompression with Fusion—Single Level</b>
<b>Cervical Posterior Decompression (without fusion)</b>
<b>Cervical Artificial Disc Replacement</b>
<b>Cervical Anterior Decompression (without fusion)</b>

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

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

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

1. Surgeon's recent clinical notes outlining clinical conditions and patient's symptoms (including type, onset, and length of symptoms)
  - a. \*Lumbar decompression requests: neurogenic claudication, and/or radicular leg pain that impairs daily activities for at least twelve (12) weeks
  - b. \*Lumbar fusion requests: lumbar back pain, neurogenic claudication, and/or radicular leg pain without sensory or motor deficit that impairs daily activities for at least six (6) months
2. Relevant clinical and surgical history related to the proposed surgery
3. Physical exam findings
4. Proposed surgical plan outlined by the requesting surgeon
5. Non-operative treatment modalities completed, dates and length of treatments completed, duration of pain relief, and results
  - a. Documented failure of at least six (6) consecutive weeks (\*generally recommended within the past six (6) months) of any two (2) of the following physician-directed conservative treatments:
    - i. analgesics, steroids, and/or NSAIDs;
    - ii. structured program of physical therapy;
    - iii. structured home exercise program prescribed by a physical therapist, chiropractic provider or physician;
    - iv. epidural steroid injections and/or facet injections/selective nerve root block.
  - b. \*Six (6) to twelve (12) consecutive months of active treatment is required for cervical fusions requested for treatment of axial neck pain
  - c. \*Six (6) months conservative treatment is required for lumbar fusions requested for treatment of isolated low back pain
  - d. \*Cervical requests: Significant progressive neurological deficit (motor deficit, bowel or bladder dysfunction) or positive clinical findings of myelopathy; with evidence of progressive neurologic deficits consistent with worsening spinal cord compression may result in the elimination of conservative treatment
  - e. \*Lumbar requests: Cauda equina syndrome or progressive nerve compression resulting in *significant* acute neurologic deficit (motor) may result in the elimination of conservative treatment
6. Diagnostic Imaging reports (actual imaging report required)
  - a. Generally recommended to be no older than six (6) months of the proposed surgery
7. BMI/Weight and Height, tobacco use, and mental health status
  - a. Cervical and lumbar fusions: patients must be free from smoking and/or nicotine use for at least six (6) weeks prior to surgery and during the entire period of fusion healing.
  - b. Lumbar fusions requested for chronic low back pain: completion of a comprehensive cognitive-behavioral rehabilitation program is mandatory.