



# Musculoskeletal Surgery Checklist

Please be prepared to provide the following information when requesting non-emergent prior authorization for outpatient and inpatient hip, knee and shoulder, lumbar and cervical spine surgeries:

## Required Information

1. Name and office phone number of ordering surgeon
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)

### SHOULDER

- Revision Shoulder Arthroplasty
- Total/Reverse Shoulder Arthroplasty or Resurfacing
- Partial Shoulder Arthroplasty/Hemiarthroplasty
- Shoulder Rotator Cuff Repair
- Shoulder Labral Repair
- Frozen Shoulder Repair/Adhesive Capsulitis
- Shoulder Surgery – Other (includes debridement, manipulation, decompression, tenotomy, tenodesis, synovectomy, claviclectomy, diagnostic shoulder arthroscopy)

### SPINE

- Lumbar Microdiscectomy
- Lumbar Decompression (Laminotomy, Laminectomy, Facetectomy & Foraminotomy)

- Lumbar Spine Fusion (Arthrodesis) With or Without Decompression – Single & Multiple Levels
- Cervical Anterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression with Fusion –Single & Multiple Levels
- Cervical Posterior Decompression (without fusion)
- Cervical Artificial Disc Replacement
- Cervical Anterior Decompression (without fusion)

*\*NOTE: only one authorization per surgery is required except for bilateral surgeries.*

*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), & foreign body.*

4. Name of facility where the surgery will be performed
5. Scheduled 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, to include results and outcomes
  - Physical exam findings
  - Diagnostic Imaging results
  - Specialist reports/evaluation