



Next Generation Solutions

Detailed Request Checklists for Large/Small Joint Surgery

Getting ready to place a request

Knowing what information you will need for each request saves time. Our Joint Surgery request checklist can help you identify and collect the information you need to have available when entering a request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit a request.

INFORMATION YOU WILL NEED FOR JOINT SURGERY REQUESTS

For ALL joint surgery requests, you will need:

- Member first and last name
- Ordering provider first and last name
- CPT code(s) and the name of the procedure you are requesting
- Requested procedure including laterality
- Anticipated need for a co-surgeon, assistant surgeon, or surgical assistant
- Date of procedure and type of facility (inpatient, outpatient hospital, or ambulatory surgery center)
- Co-morbidities or surgical risk factors

Documentation will be requested for submission at the time of review

This includes, but is not limited to the following:

- Reason or medical necessity for requested joint surgery
- Medical records that include and limited to the following:
 - o Patient complaints/symptoms to include:
 - Date of onset of pain/symptom or exacerbation
 - Gait disturbances, joint locking or instability
 - Activity limitation
 - Aggravating or relieving factors
 - Duration of pain or symptoms
 - Exact location of pain and current pain level
 - Evidence of non-operative conservative treatment to include , duration, and results (e.g.,where applicable- local steroid injection, physical therapy, braces, assistive devices, footwear modification, padding/accommodative devices such as foot orthosis, and/or medication)
 - Other symptoms (new or worsening)
 - o Functional assessment or functional outcome score
 - o Result of physical exam (eg., flexion/extension contractures, ROM, deformity, provocative tests)
 - o Tönnis, Outerbridge, Kellgren-Lawrence classification, or detailed descriptive reading of imaging study (for arthritic conditions as applicable)
 - o Valgus/varus deformity (if applicable)
- Diagnostic imaging results (X-ray, CT, MRI, etc.,) of the pertinent region performed within the last 12 months prior to surgery. In the absence of a report from an independent radiologist, a detailed interpretation of the images by the requesting surgeon should be well documented in the submitted records. Please include any pertinent radiologic angular indices such as intermetatarsal angle

