



Next Generation Solutions

Detailed Request Checklists for Spine Surgery

Getting ready to place a request

Knowing what information you will need for each request saves time. Our spine 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.

NOTE: Emergency spine surgery (admitted via the emergency room) does not require prior authorization

INFORMATION YOU WILL NEED FOR SPINE SURGERY REQUESTS

For ALL spine 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 to include:
 - Spine region (cervical, thoracic, lumbar, or sacral)
 - Spine Level(s)
 - Spine laterality – if applicable (right, left, or bilateral)
- Date of surgery and type of facility (inpatient, outpatient hospital, or ambulatory surgery center)
- Anticipated need for a co-surgeon, assistant surgeon, or surgical assistant
- Co-morbidities or surgical risk factors

Documentation will be requested for submission at the time of entering a request
This includes, but is not limited to the following:

- Reason or medical necessity for requested spine surgery
- Medical records that include and limited to the following:
 - Patient complaints/symptoms to include:
 - Date of onset of pain or exacerbation
 - Activity limitations
 - Duration of pain; number of weeks for THIS occurrence
 - Exact location of pain and current pain level
 - Evidence of Non-operative conservative treatment to include duration, and results (e.g., interventional pain management procedures, physical therapy, chiropractic or osteopathic manipulation, acupuncture, massage therapy, and/or medication)
 - Other symptoms (new or worsening)
 - Functional assessment or functional outcome score
 - Result of neurologic physical exam (e.g., motor deficit distribution, reflex, sensory, and strength)
- Clinical diagnosis and if any red flags exist (e.g., bowel or bladder dysfunction or progressive neurological deterioration)
- Diagnostic imaging results (X-ray, CT, MRI, etc.) of the pertinent region performed within the last 6 months prior to surgery, for spinal deformity to include degree of curvature (Cobb angle) or sagittal imbalance
- Diagnostic studies such as EMG/nerve conduction study or pertinent lab work
- Prescription from ordering provider will be required if ordered by durable medical equipment (DME) provider (for bone growth stimulators)
- Manufacturer or description of any proposed bone graft substitutes and reason for use