Instrumented Spinal Surgery Checklist



take up to 2 weeks. An incomplete ISS checklist will p Patient name		
Patient PacificSource ID No		
Checklist		
Are you planning continuous Intraoperative Monitoring-IOM	(95940-95941) with this surgery? Yes	No
If yes, IOM requires a separate preauthorization request. Example 1 preauthorization request for IOM.	rample: 1 preauthorization request for the su	rgery and
Does the patient currently use tobacco? Yes No	If previous tobacco user, quit date	
A negative cotinine level, per lab results, is required before	ore surgery can be authorized.	
Does the procedure include the screws, rods, or cages?	Yes No	
Type of autograft that will be used		
Type of allograft that will be used		
Has the patient received physical therapy? Yes (from _	to) No	
Has the patient received chiropractic treatment? Yes (f	rom to)	No
Medication tried	from	to
Medication tried	from	to
Medication tried	from	to
Note: In order for your request to be reviewed, we require of symptoms, treatment, and response to treatment. If we appropriate determination, and we will return your request	e do not receive the required documents, w	
This is not an inclusive list. Most spine procedures are sen	t to an external reviewer. If this is the case	we may request

If an external review is required to make an appropriate decision, please **mail** the imaging disk to:

imaging disk.

PacificSource, Attn. Health Services, PO Box 7068, Springfield, OR 97475. **Please fax** this page and your completed Preauthorization Request Form to Health Services: 541-225-3625.

Questions? Please call us toll-free at **888-691-8209** or **541-684-5584**. You'll find the Preauthorization Request Form at: https://pacificsource.com/sites/default/files/2021-05/PRV439_1020_PreAuthRequestForm-NonParProviders.pdf.