

Checklist

Instrumented Spinal Surgery

Prior authorization requests are accepted from providers only. Please note: Prior Authorization review can take up to 2 weeks. An incomplete ISS checklist will prevent a review from being completed in a timely matter.

Patient Name	Patient DOB		
Patient PacificSource ID #			
Checklist			
Are you planning continuous Intraoperative M If yes, IOM requires a separate preauthorization representation request for IOM.			
Does the patient currently use tobacco?	☐ No If previous tob	acco user, quit date _	
A negative cotinine level per lab results is requ	uired before surgery can	be authorized.	
Does the procedure include the screws, rods, or o	ages? 🗌 Yes 🔲 No)	
Name of the manufacturer, specific system, and/o	or instrumentation (screws,	rods, and cages)	
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 (from	_ to)	□ No
Medication tried		From	To
Medication tried		From	To
Medication tried		From	To
**Note: In order for your request to be reviewed, very symptoms, treatment and response to treatment. appropriate determination, and we will return your	If we do not receive the rec		
This is not an inclusive list. Most spine procedures imaging disc.	s are sent to an external re	viewer. If this is the ca	ase, we may request an
If an external review is required to make an appro PacificSource, Attn. Health Services, PO Box 706		il the imaging disk to:	

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: PacificSource.com/provider/preauthorization.

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