

Instrumented Spinal Surgery Checklist



This form must be filled out entirely to be reviewed. Prior authorization requests are accepted from providers only, and can take up to two weeks.

Patient name _____ Patient birth date _____

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 prior authorization request. *Example: 1 prior authorization request for the surgery and 1 prior authorization request for IOM.*

Does the patient currently use tobacco? Yes No If previous tobacco user, quit date _____

Note: A negative cotinine level, per lab results, is required before surgery can be authorized.

Treatment plan (include levels) _____

Does the procedure include the screws, rods, or cages? Yes No

Artificial disc (implant) hardware information (screws, rods, and cages)

CPT code _____ Brand/manufacturer _____ Description _____

CPT code _____ Brand/manufacturer _____ Description _____

CPT code _____ Brand/manufacturer _____ Description _____

If using an unlisted CPT code, please indicate why _____

Autograft to be used: CPT code _____ Brand/manufacturer _____ Description _____

Allograft to be used: CPT code _____ Brand/manufacturer _____ Description _____

Has the patient received physical therapy? Yes (from _____ to _____) No

Has the patient received chiropractic treatment? Yes (from _____ to _____) No

Note: Physical therapy and/or chiropractic clinical documentation must accompany this form.

Name of medication attempted _____ Date patient started _____ Date stopped _____

Name of medication attempted _____ Date patient started _____ Date stopped _____

Name of medication attempted _____ Date patient started _____ Date stopped _____

Note: To review your request, we require a radiologist report, as well as a member medical history with onset of symptoms, treatment, and response to treatment. If we do not receive the required documents, we cannot make an appropriate determination, and we will return your request to your office.

This is not an inclusive list. **Most spine procedures are sent to an external specialist to review, and the prior authorization request may be extended to allow time for specialist review.** If this is the case, we may request an imaging disk.

If an external review is required to make an appropriate decision, please mail the imaging disk to:
PacificSource, Attn. Health Services, PO Box 7068, Springfield, OR 97475.

Please fax this page and your completed Prior Authorization Request Form to Health Services, **541-225-3625**.

Questions? Please call us toll-free at **888-691-8209**, TTY: 711. We accept all relay calls. You'll find the Prior Authorization Request Form at PacificSource.com/resources/documents-and-forms.