

Orthopedic Surgery

Depending on the procedure codes entered for authorizations, the following documentation may be required. In very few circumstances, additional information that is not listed may be requested.

This checklist applies to: Shoulder, Hip, and Knee Arthroplasty & Arthroscopy

For every authorization, regardless of service, please include an office visit note with **two** patient identifiers.

Documentation	Details	Provided?
Advanced imaging	<ul style="list-style-type: none"> MRI and/or CT scan Dated imaging report 	<input type="checkbox"/>
Radiographs	Include date, type of x-ray, and findings	<input type="checkbox"/>
Patient information	<ul style="list-style-type: none"> Body mass index (BMI) Most recent office visit note(s) Current tobacco use status + history 	<input type="checkbox"/>
Outcome of prior treatments	List all treatments, outcomes, and dates	<input type="checkbox"/>
Surgical plan/ order		<input type="checkbox"/>
<i>Non-operative treatments</i>		
Documentation of attempted weight loss	For patients with BMI >40	<input type="checkbox"/>
Conservative Therapy	Include duration and dates of treatment within the last 12 months <ul style="list-style-type: none"> Ambulatory assistive device Activity/ lifestyle modifications Home exercise program Orthotics or braces for knee (if medically appropriate) 	<input type="checkbox"/>
Physical Therapy	Including home exercise program w/ duration and dates of PT	<input type="checkbox"/>
Intra-articular injections	If medically appropriate and not contraindicated	<input type="checkbox"/>
Medications	Nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics (if medically appropriate and not contraindicated)	<input type="checkbox"/>