

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.

Continuous Intraoperative Monitoring (95940-95941) requires a separate preauthorization request.

Patient Name		Patient DOB	
Patient PacificSource ID #			
Checklist			
Does the patient currently use tobacco?	No If previous tob	bacco user, quit da	te
A negative cotinine level per lab results is req	uired before surgery can	be authorized.	
Does the procedure include the screws, rods, or o	cages? 🗌 Yes 🗌 N	0	
Name of the manufacturer, specific system, and/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	То
Medication tried	_	From	То
Medication tried		From	То

Note: In order for your request to be reviewed, we require: radiologist report, 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 reviewer. If this is the case, we may request an imaging disc.

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 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.