

Surgery Prior Authorization

Requirements

Request of Records

The following records are needed for Surgery Phor Addition per insurance Chileria.	
	Current Imaging
	All Physical Therapy notes within the last six months to a year along with Oswestry and/or Neck Disability Index scores from your first and last visit of Physical Therapy.
	Physical Therapy criteria: Cervical 6 weeks of 2 times a week Thoracic 8 weeks of 2 times a week Lumbar 12 weeks of 2 times a week
	Any injection records from the last year pertaining to the area of proposed surgery (Cervical, Thoracic, Lumbar)
	If you are a current smoker you need to be smoke free for 30 days prior to Inspired Spine faxing in the Surgery Prior Authorization Request to you Insurance Company
	For Medica Insurance Carriers, we need Hemoglobin Score that is within the last 30 days prior to submitting to the Insurance Carrier
	Mental Health Evaluation which is a letter from your Primary Care Physician or a Mental Health Professional regarding any untreated, underlying, contributory mental health conditions or any psychological issues including but not limited to, depression or drug/alcohol abuse
	The letter when finished along with all the other documents can be faxed to: 320-200-7478

The preceding requirements are criteria from he insurance company. Once Inspired Spine receives all the required documents we will then compile the information and fax it on to Your Insurance Company for the Surgery Prior Authorization Request. The insurance company then has between 10 and 15 business days to give us a decision. If you do not hear from Inspired Spine within two weeks please call 320-763-8888.

Mental Health Evaluation

A Mental Health Evaluation is a letter from the Primar y Care Physician or a Mental Health Professional regarding any untreated, underlying, contributory mental health conditions or any psychosocial issues including but not limited to, depression or drug or alcohol abuse. The letter when finished can be faxed to: 320-200-7478.

The Mental Health Evaluation is a criterion from the insurance company. This is one requirement for the Prior Authorization process for surgery along with the many other requirements that we need to fax your Insurance Company in order to obtain the Surgery Prior Authorization.