

PCFX – Spinal Surgery Precertification Information Request Form

Member name: Michael Turner

Reference number: PA-APR-445566

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Member ID: AET99887766

DOB: 02/12/1968 | Phone: 555-222-3344

Section 1: Precertification Department Information

Requesting Provider / Facility: Advanced Spine & Neuro Institute

Facility NPI: 1098765432

Phone: 555-888-1212 Fax: 555-888-1313

Referring Physician: Dr. Rebecca Lawson, MD

Section 2: Assistant / Co-Surgeon

Assistant Surgeon: Dr. Thomas Nguyen, MD (NPI 2233445566)

Modifier: 80 | CPT Codes: 22630, 22842

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Section 3: General Surgical Questions

Requested admission type:

☒

Inpatient

☐

Outpatient

Requested Date of Surgery: 04/10/2026

Redo / Revision Surgery:

☐

Yes

☒

No

ICD-10 Diagnosis Codes: M48.062 (Lumbar stenosis), M54.16 (Radiculopathy)

Section 4: Conservative Therapy (Completed)

☒

Formal physical therapy completed within last 12 months

PT Duration: 12 weeks (09/2025 – 12/2025) with documented failure

☒

Discharge note from licensed physical therapist included

Additional conservative care: NSAIDs, epidural steroid injections x3

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Section 5: Procedure Details (Cervical/Thoracic/Lumbar)

Procedure Description: Lumbar decompression with instrumented fusion

Levels of Surgery: L4–L5, L5–S1

CPT Codes Requested: 22630, 22632, 22842

- ☐ ACDF
- ☐ ALIF
- ☐ PLIF
- ☒ TLIF
- ☐ XLIF
- ☐ OLIF
- ☐ PCDF
- ☐ Disc Replacement

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Section 6: Instrumentation and Bone Grafts

Posterior Instrumentation:

Manufacturer: Medtronic

Device Name: Solera Pedicle Screw System

CPT / HCPCS Code: 22842

Bone Graft (Allograft):

Manufacturer: Allosource

Product: Allofuse DBM

☒ 100% bone material

☐ Contains stem cells or non-bone material

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Section 7: Neuromonitoring

☒ Intraoperative neuromonitoring will be used

☐ Surgeon billing for neuromonitoring

CPT Codes: 95940, 95941

Section 8: Location and Risk Stratification

☒ Inpatient hospital setting

☐ Outpatient hospital / ASC / Office

☒ ASA Physical Status III

☒ BMI > 35 with comorbidities

☐ Unstable cardiac / respiratory conditions

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Section 8 (continued): High-Risk Medical Conditions

- ☐ Recent myocardial infarction (<90 days)
- ☐ Uncontrolled epilepsy or stroke
- ☒ Obstructive sleep apnea (moderate, on CPAP)
- ☐ Bleeding or clotting disorder

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Section 9: Required Documentation Submitted

- ☒ Comprehensive clinic notes and neurological exam
- ☒ Formal physical therapy notes with outcomes
- ☒ MRI lumbar spine (02/2026)
- ☒ CT lumbar spine
- ☒ Conservative therapy summary
- ☒ Current plan of care

Section 11: Attestation and Signature

Signature of person completing form: Dr. Rebecca Lawson, MD

Date: 03/18/2026

Office Contact: Laura Chen | Phone: 555-777-9090 | Fax: 555-777-9191