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SecurityHealth Plan
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Required Medical Information Check List

Radiology

- ☐ Rule out/diagnosis
- ☐ Symptoms
- ☐ Physical Exam findings
- ☐ Treatment such as medications, physical therapy, surgery; chemotherapy
- ☐ Re-evaluation post treatment for some indications
- ☐ Recent relevant imaging
- ☐ Recent relevant laboratory work
- ☐ Pertinent medical history and family history
- ☐ For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

Cardiovascular

- ☐ Current office notes with complete history and physical exam
- ☐ Lipid panels
- ☐ Reports (or copies) of current electrocardiograms (EKGs) signed by doctors
- ☐ Reports of previously performed left heart catheterizations, nuclear stress tests, routine exercise stress tests, echocardiograms and stress echocardiograms (as applicable) previous cardiac imaging studies (CT, MR, PET)
- ☐ For Cardiac Implantable Devices (CRID), reports of EKGs, EP studies, rhythm strips and/or rhythm monitoring reports, cardiac device interrogations, current office notes with complete history and physical
- ☐ Peripheral Vascular Interventions:
  - ☐ Current office notes with complete history and physical exam
  - ☐ Official reports of previously performed duplex ultrasound and advanced vascular imaging studies [CT, MR, angiography]
  - ☐ Previous vascular operative reports, if applicable

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Required Medical Information Check List

Musculoskeletal Program for Spine Surgery

- ☐ Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective spine surgery.
- ☐ Signs/Symptoms
- ☐ Date of first office visit related to this condition and/or after symptoms began
- ☐ Last office visit including re-evaluation
- ☐ Physical exam findings
- ☐ Previous medical history
- ☐ Duration and type of physician-directed treatment
- ☐ Outcomes of prior surgical/non-surgical physician-directed treatment and prior surgical/non-surgical interventions
- ☐ Results of relevant prior imaging related to the request including the radiologists report of advanced diagnostic imaging studies

Musculoskeletal Program for Joint Surgery

- ☐ Prior Authorization requests should be submitted at least two weeks prior to the anticipated date of an elective joint surgery
- ☐ Date of most recent physical exam along with physical exam findings and patient complaints
- ☐ Medical history/duration of complaints
- ☐ Other pertinent medical history/comorbidities
- ☐ Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
- ☐ Prior imaging films/reports with date of service (MRI, CT, X-ray or bone scan)
- ☐ Severity of pain and details of functional disabilities interfering with activities of daily living.
- ☐ Physician's treatment plan

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Required Medical Information Check List

Musculoskeletal Program for Interventional Pain Management

- ☐ CPT codes and diagnosis codes/ICD10surgery.
- ☐ CPT codes and specific levels of injection and/or specific muscle groups to be injected. Specific prior injection history with dates/level/side/response to injection, especially if it is an injection into the same vertebral region (e.g., cervical, thoracic or lumbar spine)
- ☐ Total number of injections/procedures in the past 12 months for the diagnoses (to include all prior doctors)
- ☐ Date of most recent physical exam along with physical exam findings and patient complaints
- ☐ Medical history/duration of complaints
- ☐ Other pertinent medical history/comorbidities
- ☐ Name of injectate(s)
- ☐ Specify imaging guidance type
- Type or method of radiofrequency ablation
- ☐ Dates/duration/response to conservative treatment such as medication and various therapies (please specify)
- ☐ Date of MRI and other imaging with findings
- ☐ Proposed date of service for current request
- ☐ Any anesthesia requirements