

Annex A.5: Pre authorization Checklist and Request for Total Knee Replacement

Revised as of March 2023



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Centre, 709 Shaw Boulevard, Pasig City
 (02) 8441-7442 www.philhealth.gov.ph
 PhilHealthOfficial teamphilhealth

Case No. _____

HEALTH FACILITY (HF)	
ADDRESS OF HF	
A. PATIENT	1. Last Name, First Name, Middle Name, Suffix SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>
B. MEMBER	<i>(Answer only if the patient is a dependent; otherwise, write, "same as above")</i>
	1. Last Name, First Name, Middle Name, Suffix
	2. PhilHealth ID Number <input type="text"/> - <input type="text"/> - <input type="text"/>

Fulfilled selections criteria **Yes** If yes, proceed to pre-authorization application
 No If no, HF to specify reason/s and encode _____

PRE-AUTHORIZATION CHECKLIST Orthopedic Implants: *Total Knee Replacement*

(Place a ✓ opposite appropriate answer)

SITE OF INJURY	<input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Both sides
SURGICAL URGENCY	<input type="checkbox"/> Emergency: Date of surgery (mm/dd/yyyy): _____ <input type="checkbox"/> Elective

ATTESTED BY ATTENDING PHYSICIAN

(Place a ✓ if YES, or NA if not applicable)

QUALIFICATIONS	Yes
Ambulatory prior to injury	
Normal or with mild systemic disease or no functional limitation (ASA I & II)	
With no more than <i>two to three (2 to 3)</i> co-morbid illnesses based on physical status classification based on ASA (low to moderate risk)	

CLINICAL FEATURES	Yes
<i>Disabling knee pain correlated with radiographic findings; Arthritis consists of articular cartilage, bony changes, and deformity that can result from the following: (tick appropriate description)</i>	
<input type="checkbox"/> <i>Idiopathic osteoarthritis</i>	
<input type="checkbox"/> <i>Post-traumatic osteoarthritis</i>	
<input type="checkbox"/> <i>Avascular necrosis (idiopathic or secondary)</i>	
<input type="checkbox"/> <i>Inflammatory/crystalline joint disease (rheumatoid, gout, psoriatic, ankylosing spondylitis, SLE)</i>	
<input type="checkbox"/> <i>Isolated severe patellofemoral arthritis in an elderly patient</i>	

