

JE PRIOR AUTHORIZATION CHECKLIST – CERVICAL FUSION WITH DISC REMOVAL

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- [LCD - Cervical Fusion \(L39758\)](#)
- [Article - Billing and Coding: Cervical Fusion \(A59624\)](#)

Documentation Reference

- [Part A Prior Authorization for Cervical Fusion with Disc Removal](#)
- [Part A Prior Authorization Request Coversheet](#)

General Documentation Requirements

Documentation is for the beneficiary and date of service.

Documentation supports a condition or diagnosis for cervical discectomy:

Symptomatic nerve root impingement

Symptomatic cervical canal stenosis

Stabilization of cervical spine (as evidenced by trauma, tumor, infection, progressive deformity, etc.)

Documentation must support a physical exam with the following:

Duration, character, location, and radiation of pain or spasticity.

Activities of daily living limitations and/or listed out separately.

Complaints cannot be attributed to any other etiologies.

Multimodal conservative treatments tried and failed (unless imminent interventions are deemed necessary and delay in surgery would be detrimental; a statement of tried and failed treatment is not sufficient.)

Imaging/reports that support medical necessity of procedure