

# Local Coverage Article: Spinal Fusion Services: Documentation Requirements (A53972)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01111 - MAC A	J - E	California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01311 - MAC A	J - E	Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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## Article Information

### General Information

<b>Article ID</b> A53972	<b>Original Article Effective Date</b> 10/01/2015
Original ICD-9 Article ID <a href="#">A53966</a>	<b>Revision Effective Date</b> 04/12/2018
<b>Article Title</b> Spinal Fusion Services: Documentation Requirements	<b>Revision Ending Date</b> N/A
<b>AMA CPT / ADA CDT / AHA NUBC Copyright Statement</b>	<b>Retirement Date</b> N/A

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## Article Guidance

### Article Text:

Noridian Medical Review team and CERT contractor has identified multiple errors regarding documentation to support the medical necessity of spinal fusion procedures. This article clarifies medical necessity and documentation requirements regarding spinal fusion procedures.

### Medical Necessity

- History and Physical
  - Duration/character/location/radiation of pain
  - Activity of daily living (ADL) limitations
  - Physical examination
- Evidence/support of prior conservative treatment measure(s) attempted\*
- Imaging reports pertinent to performed procedure
- Operative report(s)
- Outpatient records before, during and after the procedure that support the medical necessity of performed procedures

\*Note: physician statement that conservative treatment measures were completed is not supportive in and by itself; contractors do require the documentation of these measures.

### Documentation Errors

The most common reason for denial of spinal fusion services is lack of specific information regarding conservative treatment measures which were attempted and failed prior to surgery. The statement "failed conservative/outpatient treatment" is not sufficient evidence of medical necessity for the procedure or inpatient admission. A detailed medical record will help to support the reasonableness of the claim.

Conservative treatment modalities include but are not limited to:

- Physical Therapy
- Occupational Therapy
- Joint Injections/Epidural Injections
- Anti-inflammatory/Analgesic medications
- Assistive device use
- Activity modification
- Exercise

Situations arise where a fusion is approved without conservative treatment being documented clearly when an emergent situation such as "cauda equina syndrome" is present. Also if an imaging report showing severe cord compression, osteophyte formation impinging on the spinal cord, loose pedicle screws affecting stability, severe fibrosis or formation of scar tissue compressing cord or nerves, and the patient's history and physical findings correlate to the imaging the surgeon should clearly document these findings and the reasons that such findings require imminent intervention.

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## [Coding Information](#)

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **Revenue Codes:**

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N/A

**CPT/HCPCS Codes** N/A

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

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## [Revision History Information](#)

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>
04/12/2018	R1	This article, effective 4/12/2018, combines JEA A53971 in JEB A53972 so that both JEA and JEB Contract numbers will have the same final MCD Article number A53972.

[Back to Top](#) **Related Local Coverage Document(s)** N/A

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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## **Keywords**

- Spinal
- Fusion
- Documentation
- Errors
- Medical Necessity
- Conservative
- Treatment

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