

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

- [CMS Billing and Coding Article: Spinal Fusion Services: Documentation Requirements \(A53972\)](#)

Documentation Reference

- [CMS Billing and Coding Article: Spinal Fusion Services: Documentation Requirements \(A53975\)](#)
- [Noridian 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
- Documentation must support a Physical Exam and ONE of the following
 - Duration, character, location, and radiation of pain
 - Activities of daily living limitations and/or listed out separately
- Conservative treatments tried and failed (unless imminent interventions are deemed not necessary)
 - Note: A statement of tried and failed treatment is not sufficient
- Imaging/reports that support medical necessity of procedure