

## **JF 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**

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

### **Documentation Reference**

- [Billing and Coding Article \(A53975\) - Spinal Fusion Services: Documentation Requirements](#)
- [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) (A statement of tried and failed treatment is not sufficient.)
- Imaging/reports that support medical necessity of procedure.