



# Lumbar Spine Fusion - LSF

For NON-URGENT requests, please fax this completed document along with medical records, imaging, tests, etc. If there are any inconsistencies with the medical office records, please elaborate in the comment section. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE.**

<b>Patient/Member</b>	First Name:		Middle Initial:		Last Name:		
	DOB (mm/dd/yyyy):				Gender:	Male	Female
	Street Address:					Apt #:	
	City:			State:		Zip:	
	Home Phone:		Cell Phone:			Primary Contact:	Home    Cell
	Health Plan:		Member ID:			Group ID:	
<b>Ordering Provider</b>	First Name:				Last Name:		
	Primary Specialty:		TIN:		NPI:		
	Physician Phone:				Physician Fax:		
	Address:					Suite #:	
	City:			State:		Zip:	
	Office Contact:						Ext:
	Contact Email:						
<b>Facility/Site</b>	First Name:				Last Name:		
	Group/Site Name:						
	Primary Specialty:		TIN:		NPI:		
	Site Phone:				Site Fax:		
	Address:					Suite #:	
	City:			State:		Zip:	
<b>Procedure</b>	Check all applicable CPT Codes:	22533	22534	22558	22585	22586	22612
		22614	22630	22632	22633	22634	22800
		22802	22804	22808	22810	22812	0195T
		0196T	0309T	Other:			
<b>Diagnosis</b>	Diagnosis, if known or rule out:						
	ICD-10 Codes:						
	Date of last visit:						

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Clinical Information

1. What is the surgical diagnosis for this patient (e.g. spondylolisthesis, lumbar scoliosis, etc.)? Select all pathological conditions that apply.

- |                       |                   |                      |
|-----------------------|-------------------|----------------------|
| Instability           | Spondylolisthesis | Prior lumbar surgery |
| Degenerative disorder | Stenosis          | Deformity            |
| Spondylolysis         | Infection         | Trauma               |
| Neoplastic disease    |                   |                      |

2. Describe all basic surgical details of the lumbar surgery being requested:

3. What level or levels will be fused (e.g. L4-5, L4-S1)?

4. What surgical approach will be used (e.g. anterior, posterior, LLIF, PLIF, etc.)?

5. What internal fixation device(s) will be used (e.g. pedicle screws, interbody device, etc.)?

6. What other procedure(s) will be done besides the fusion (e.g. laminectomy, discectomy, etc.)?

7. What type of bone graft will be used (e.g. autograft, BMP, etc.)?

8. Will Medtronic Infuse BMP be used? Yes      No      Don't Know

9. Does this patient have any significant psychosocial or medical problems that could lead to a poor surgical outcome (e.g. secondary gain issues, severe cardiopulmonary disease, drug abuse, etc.)?

Yes: No

10. Has the patient had any medical or psyche consults for the requested surgery?

Yes: No

11. Select all of the following imaging studies of the lumbar spine that the patient has completed.

- |                          |       |              |       |
|--------------------------|-------|--------------|-------|
| Plain x-rays             | Date: | CT discogram | Date: |
| Flexion-extension x-rays | Date: | CT myelogram | Date: |
| Bending x-rays           | Date: | MRI          | Date: |
| CT                       | Date: | Other:       | Date: |

12. What other tests/studies has the patient completed (e.g. lab, EMG, NCV, etc.)?

13. What was the total length of non-operative treatment for this patient's back problem?

Months: Weeks:

Clinical Information

14. Select all of the non-operative treatment approaches below that have been completed by the patient.

Weight loss

Physical therapy

Spinal manipulation

Nicotine cessation

Medical exercise

Spinal injections

Medications

Bracing

Behavioral therapy

Pain management - Duration:

Other:

**\*All progress notes, surgical orders, and any relevant imaging reports (X-ray, CT, MRI) should accompany this request.** Additional Information/Comments:

Blank area for Additional Information/Comments.