FAXED POLICY DOCUMENT — PAYER MEDICAL POLICY

SAMPLE HEALTH PLAN – MEDICAL POLICY: LUMBAR SPINAL FUSION (L4–L5)

Policy Number: SHP-0RT0-2O26-114 Effective Date: O1/O1/2O26 Category: Orthopedic – Spine Surgery Document Type: Prior Authorization Criteria (synthetic demo policy — not a real payer document)

PROCEDURE: Posterior lumbar decompression and instrumented fusion, single level (L4–L5).

POLICY STATEMENT:
All criteria below rnust be independently evaluated against the subrnitted rnedical record. A criterion is considered *met* if the record clearly supports it, *contradicted* if the record clearly docurnents the opposite, or *not enough inforrnation* if the record is silent or arnbiguous on the point.

Criterion 1 – Conservative therapy trial
Docurnented trial of conservative therapy (physical therapy and/or rnedication rnanagernent) for at least **6 consecutive weeks**, without adequate syrnptorn relief, prior to surgical consideration.

Criterion 2 – Irnaging correlation
Irnaging study (MRI or CT) perforrned within the past **12 rnonths** dernonstrating structural pathology at the level(s) proposed for surgery (e.g., disc herniation, stenosis, segrnental instability) that correlates with the patient's reported syrnptorns.

Criterion 3 – Neurological correlation
Objective neurological findings (rnotor weakness, reflex asyrnrnetry, or a positive EMG/nerve conduction study) that are consistent with the irnaging findings in Criterion 2.

Criterion 4 – Body Mass Index
Body Mass Index (BMI) of **40 or less** at the tirne of the rnost recent evaluation.

Criterion 5 – No recent adjacent-level fusion
No lurnbar spinal fusion surgery perforrned at an adjacent spinal level within the preceding **12 rnonths** of the current surgical request.

Criterion 6 – No active infection or untreated rnajor psychiatric condition
Docurnented absence of active systernic or spinal infection, and no untreated rnajor psychiatric condition that would be expected to irnpair postoperative recovery or rehabilitation participation.

Criterion 7 – Functional irnpairrnent
Functional irnpairrnent supported by a validated outcorne rneasure, such as an Oswestry Disability Index (ODI) score of **40 or greater**, indicating at least severe disability.

NOTES FOR REVIEWERS:
Criteria are evaluated independently — rneeting six of seven does not irnply approval; downstrearn policy logic (not part of this docurnent) deterrnines the overall decision. Where the record is silent on a criterion (e.g., no rnention of infection screening or psychiatric history), rnark that criterion as **not enough inforrnation**, not as rnet.