CERTIFICATE OF MEDICAL NECESSITY - OSTEOGENESIS STIMULATORS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 722 (12-2023)

Clear Fields

SECTION A - Certification Type/Date

Date	Certification Type ☐ Initial ☐ Revised
Name	Member ID

SECTION B - To be completed by the Physician/Practitioner

ANSWER QUESTIONS 1 - 3 FOR NONSPINAL OSTEOGENESIS STIMULATOR.
ANSWER QUESTIONS 4 - 6 FOR SPINAL OSTEOGENESIS STIMULATOR.
For questions about months, enter 1 - 99 or Does Not Apply. If less than one month, enter 1.

1. a) Does the member have a nonunion of a long-bone fracture?
   ☐ Yes ☐ No ☐ Does Not Apply

   b) How many months prior to ordering the device did the member sustain the fracture?

2. a) Does the member have a failed fusion of a joint other than the spine?
   ☐ Yes ☐ No ☐ Does Not Apply

   b) How many months prior to ordering the device did the member have the fusion?

3. Does the member have a congenital pseudoarthrosis?
   ☐ Yes ☐ No ☐ Does Not Apply

4. a) Is the device being ordered as a treatment of a failed spinal fusion in a member who has not had a recent repeat fusion?
   ☐ Yes ☐ No ☐ Does Not Apply

   b) How many months prior to ordering the device did the member have the fusion?

5. a) Is the device being ordered as an adjunct to repeat spinal fusion surgery in a member with a previously failed spinal fusion at the same level(s)?
   ☐ Yes ☐ No ☐ Does Not Apply

   b) How many months prior to ordering the device did the member have the repeat fusion?

   c) How many months prior to ordering the device did the member have the previously failed fusion?

6. a) Is the device being ordered as an adjunct to recent spinal fusion surgery in a member who has had a multi-level fusion?
   ☐ Yes ☐ No ☐ Does Not Apply

   b) How many months prior to ordering the device did the member have the multi-level fusion?

SECTION C - Narrative Descriptions

Narrative description of ALL items, accessories, and options ordered.

SECTION D - Physician/Practitioner Signature/Date

Signature	Date

** (Signature/Date Stamps are not acceptable)