Preview questionnaire:
Cervical spine fusion with artificial disc replacement
For BCN HMO℠ (commercial) and BCN Advantage℠ members
Effective Sept. 29, 2019

Cervical spine fusion with artificial disc replacement

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *22856, *22858, *22861

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have radiculopathy WITH EITHER a motor deficit** or a sensory deficit***? Note: Please consider the following definitions when responding to this question: **RADICULOPATHY WITH A MOTOR DEFICIT refers to depressed or asymmetrical reflexes or weakness in affected muscles in a SPECIFIC NERVE ROOT DISTRIBUTION. For example, deltoids and biceps (C5), biceps and brachioradialis (C6), triceps and wrist extensors (C7), and intrinsic hand muscles (C8). ***RADICULOPATHY WITH A SENSORY DEFICIT refers to numbness or pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION. For example: neck, shoulder and upper arm pain (C5); neck, shoulder and radial forearm pain (C6); neck, shoulder and dorsal forearm pain (C7); neck, shoulder and ulnar forearm pain (C8).

A Possible answers:
- Yes, radiculopathy with a motor deficit
- Yes, radiculopathy with a sensory deficit
- No
- N/A
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Q Does the patient have at least ONE of the following (A-F)?
   A. Bilateral upper or lower extremity weakness (less than 2 out of 5 muscle strength).
   B. Numbness or pain.
   C. Bowel or bladder dysfunction and other etiologies excluded.
   D. Spasticity by physical exam.
   E. Bilateral loss of dexterity (decreased fine motor control in the hands).
   F. Gait disturbance and other etiologies excluded.
   A □ Yes □ No □ N/A

Q Does the patient have imaging that correlates with symptoms and findings?
   A □ Yes □ No □ N/A

Q Does the patient have any of the following conditions (A-K)?
   A. Infection or malignancy at the level of disc replacement.
   B. Significant facet arthritis at the level of disc replacement.
   C. Metabolic bone disease (for example, osteoporosis, osteomalacia or osteopenia).
   D. Spine instability.
   E. Anatomical deformity (for example, severe spondylosis or ankylosing spondylitis).
   F. Rheumatoid arthritis or other autoimmune disease.
   G. Ossification of the posterior longitudinal ligament.
   H. Prior disc surgery at the treated level.
   I. Previous cervical fusion at another cervical level.
   J. Disc implant at more than 2 levels.
   K. Combined use of an artificial disc and fusion.
   A □ Yes □ No □ N/A

Q Does the patient have continued symptoms or findings after appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)?
   A □ Yes □ No □ N/A

Q Does the patient have continued symptoms or findings after physician directed home exercise program OR physical therapy for at least 6 weeks?
   A □ Yes □ No □ N/A
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### Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
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<tbody>
<tr>
<td>Does the patient have continued symptoms or findings after activity modification for at least 6 weeks?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Is the artificial disc device that is to be implanted FDA approved?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>If the artificial disc device that is to be implanted is NOT FDA approved, please use the free text space below to indicate the name and manufacturer of the device to be implanted.</td>
<td></td>
</tr>
<tr>
<td>Does the patient’s medical record show documentation that all behavioral, cognitive and substance abuse issues were addressed?</td>
<td>Possible answers: □ History of issues addressed and in full remission □ Active issues; currently undergoing adequate treatment □ Active issues; not being adequately treated currently □ No history of behavioral or substance abuse issues</td>
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<td>Is there documentation in the patient’s medical record indicating that the patient was educated that cigarette smoking has been shown to adversely affect cervical spinal fusion outcomes and that smoking cessation prior to and after surgery was recommended to the patient with both pharmacologic and nonpharmacologic assistance having been offered?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Is the implantation planned at a single level?</td>
<td>□ Yes □ No □ N/A</td>
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<tr>
<td>Is the implantation planned simultaneously at two levels?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Is the procedure subsequent to a previously implanted disc at an adjacent level AND there is documentation that the previous implanted disc is fully healed?</td>
<td>□ Yes □ No □ N/A</td>
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