

Preview questionnaire: Cervical spine surgery with artificial disc replacement

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members

Effective Nov. 25, 2018

Cervical spine surgery with artificial disc replacement

Services must meet medical necessity criteria. Submit prior 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 the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes for cervical spine surgery with artificial disc replacement: *22856, *22858 and *22861

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

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Cervical Spine Fusion with Artificial Disc Replacement

- 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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See below for the questions you'll encounter for this procedure in the e-referral system. (continued)

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Q Does the patient have at least ONE of the following? Bilateral upper or lower extremity weakness (less than 2 out of 5 muscle strength). Numbness or pain. Bowel or bladder dysfunction and other etiologies excluded. Spasticity by physical exam. Bilateral loss of dexterity (decreased fine motor control in the hands). Gait disturbance and other etiologies excluded.

A Possible answers: Yes No NA

Q Does the patient have imaging that correlates with symptoms and findings?

A Possible answers: Yes No NA

Q Does the patient have any of the following conditions? Infection or malignancy at the level of disc replacement. Significant facet arthritis at the level of disc replacement. Metabolic bone disease (for example, osteoporosis, osteomalacia or osteopenia). Spine instability. Anatomical deformity (for example, severe spondylosis or ankylosing spondylitis). Rheumatoid arthritis or other autoimmune disease. Ossification of the posterior longitudinal ligament. Prior disc surgery at the treated level. Previous cervical fusion at another cervical level. Disc implant at more than 2 levels. Combined use of an artificial disc and fusion.

A Possible answers: Yes No NA

Q Does the patient have continued symptoms or findings after appropriate non-steroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)?

A Possible answers: Yes No NA

Q Does the patient have continued symptoms or findings after physician directed home exercise program OR physical therapy for at least 6 weeks?

A Possible answers: Yes No NA

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Q Does the patient have continued symptoms or findings after activity modification for at least 6 weeks?

A Possible answers: Yes No NA

Q Is the artificial disc device that is to be implanted FDA approved?

A Possible answers: Yes No NA

Q 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.

A Type your answer into the text field.

Q Does the patient's medical record show documentation that all behavioral/cognitive/substance abuse issues were addressed?

A Possible answers:
History of issues addressed and in full remission
Active issues; currently undergoing adequate active treatment
Active issues; not being adequately treated currently
No History of behavioral or substance abuse issues

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is there documentation in the patient's medical record indicating that the patient was educated that cigarette smoking has been shown to adversely affect lumbar spinal fusion outcomes and that smoking cessation prior to and after surgery was recommended to the patient with both pharmacologic and non-pharmacologic assistance having been offered?

A Possible answers: Yes No NA

Q Is the implantation planned at a single level?

A Possible answers: Yes No NA

Q Is the implantation planned simultaneously at two levels?

A Possible answers: Yes No NA

Q 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?

A Possible answers: Yes No NA