

Cervical spine surgery

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 cervical spine surgery codes: *22551, *22554, *22590, *22595, *22600, *63001, *63015, *63020, *63040, *63045, *63050, *63051, *63075

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2017 American Medical Association. All rights reserved.

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 Surgery

Answering the question(s) below will provide additional information needed to process your request.

Q Does the patient have ONE of the following conditions: Rheumatoid arthritis OR Os odontoideum (an abnormality of the second cervical vertebrae characterized by a separation of a portion of the odontoid process from the body of the axis OR a congenital abnormality of the first or second cervical vertebrae AND an atlantoaxial (C1-C2) subluxation > than 5 mm identified by imaging.

A

Possible answers: Yes No NA

Q Does the patient have a primary bone or metastatic tumor of the cervical spine that was diagnosed by imaging AND confirmed by biopsy AND it's suspected that excision of the tumor will cause instability of the cervical spine?

A

Possible answers: Yes No NA

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

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

<p>Q Does the patient have vertebral body destruction confirmed by imaging AND that is secondary to osteomyelitis identified by EITHER bone aspiration by biopsy or by MRI AND it's suspected that debridement will cause instability of the cervical spine?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have discitis or epidural abscess and instability identified by imaging AND EITHER neurological deficits by physical exam or continued symptoms or findings after antibiotic treatment?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have a nonunion after spinal fusion identified by imaging AND ALL of the following: At least 6 months has lapsed from the previous spinal fusion surgery; initial resolution of symptoms after surgery; pain at the same level as prior to having the previous surgery?</p> <p>A <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q For neck pain NOT DUE TO ACUTE TRAUMA without neurological deficits that ALSO interferes with ADL's (for example, ability to perform personal hygiene, work effectively, manage home), select the following X-ray results. Note: If none of the findings apply, you must select "None of the above."</p> <p>A <input type="text"/></p>	<p>Possible answers:</p> <ul style="list-style-type: none"> Sagittal plane translation greater than 2mm Sagittal plane translation greater than 20 percent Sagittal plan angulation greater than 11 degrees None of the above N/A

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

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

Q Does the patient have neck pain WITH continued symptoms or findings AFTER appropriate non-steroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated) AND after physician directed home exercise program OR physical therapy AND activity modification for at least 12 weeks?

A Possible answers: Yes No NA

Q Does the patient have an ACUTE traumatic spine injury WITH an unstable vertebral fracture or dislocation on imaging that correlates with symptoms and findings WITHOUT neurologic deficits AND stabilization of the spine achievable by non-surgical means (for example, closed reduction, immobilization, brace)?

A Possible answers: Yes No No imaging was performed NA

Q Does the patient have nerve root compression by imaging?

A Possible answers: Yes No No imaging was performed NA

Q Does the patient have SEVERE symptoms and findings NOT associated with radiculopathy (no motor or sensory deficit in a specific nerve root distribution) with EITHER bilateral upper or lower extremity weakness (less than 2 out of 5 muscle strength), numbness or pain OR bowel or bladder dysfunction and other etiologies excluded; OR spasticity by physical exam; OR bilateral loss of dexterity (decreased fine motor control in the hands); OR gait disturbances and other etiologies are excluded?

A Possible answers: Yes No NA

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

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

Q Does the patient have unilateral (one sided) RADICULOPATHY AND nerve root compression by imaging that correlates with symptoms and findings? 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), 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 No No imaging was performed NA

Q Does the patient have RADICULOPATHY WITH a sensory deficit** AND NO motor deficit*** AND EITHER pain OR numbness OR paresthesia (sensation of tingling, tickling, pricking, or burning) in a nerve root distribution? 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), 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 No NA

Q Does the patient have RADICULOPATHY WITH a motor deficit*** AND SEVERE weakness (less than 2 out of 5 muscle strength)? 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), intrinsic hand muscles (C8).

A

Possible answers: Yes No NA

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

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

Q Does the patient have RADICULOPATHY WITH a motor deficit*** WITH MILD TO MODERATE weakness in a nerve root distribution by physical exam that is worsening? 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), intrinsic hand muscles (C8).

A

Possible answers: Yes No NA

Q Does the patient have neck pain WITH continued symptoms or findings AFTER appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated) AND after physician directed home exercise program OR physical therapy AND activity modification for at least 6 weeks?

A

Possible answers: Yes No NA

Q Does the patient have RADICULOPATHY WITH a sensory deficit** AND a motor deficit*** AND MILD TO MODERATE weakness in a nerve root distribution by physical exam that continues without worsening AND ALL of the following: Pain and numbness and parasthesia (sensation of tingling, tickling, pricking, or burning) in a nerve root distribution? 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), 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 No NA

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

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

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; undergoing adequate active treatment currently
- Active issues; not being adequately treated currently
- No History of behavioral or substance abuse issues

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 N/A, patient does not smoke