

Lumbar spine surgery

Blue Care Network provides coverage for lumbar spine surgery for adult members who meet medical necessity criteria. Submit prior authorization requests through e-referral. 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 BCN cannot authorize it, BCN 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 lumbar spine surgery codes: *22533, *22558, *22612, *22630, *22633, *63005, *63012, *63017, *63030, *63042, *63047 and *63056

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See below for the questions you'll encounter for lumbar spine surgery procedures in the e-referral system.

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

Lumbar Spine Surgery

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

Q Does the patient have CAUDA EQUINA SYNDROME WITH BOTH 1 and 2? 1. Cauda equina compression identified by IMAGING. 2. Symptoms or findings of AT LEAST ONE or more of the following (from A thru D): A. Bilateral lower extremity weakness, numbness or pain. B. Bowel or bladder dysfunction (urinary retention, frequency, hesitancy, urgency or incontinence; constipation or incontinence of bowel) and other etiologies excluded. C. Diminished rectal sphincter tone identified on physical exam. D. Perianal or perineal "saddle" anesthesia by physical exam.

A

Possible answers: Yes No NA

Q Does the patient have an ACUTE TRAUMATIC SPINE INJURY WITH ALL the following (ALL 1 thru 3)? 1. Unstable vertebral fracture or dislocation identified by imaging. 2. No neurologic symptoms or findings (no deficits in muscle strength, sensation or reflexes). 3. Stabilization of the spine is not achievable by non-surgical means (for example, closed reduction, immobilization, brace).

A

Possible answers: Yes No NA

See below for the questions you'll encounter for lumbar spine surgery procedures 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 a PRIMARY BONE OR METASTATIC TUMOR OF THE LUMBAR SPINE WITH ALL the following (ALL 1 thru 3)? 1. Primary bone or metastatic tumor of the lumbar spine that was diagnosed by imaging. 2. Tumor confirmed by biopsy. 3. Excision of the tumor will cause instability of the lumbar spine.

A Possible answers: Yes No NA

Q Does the patient have DISCITIS or an EPIDURAL ABCESS with EITHER a neurologic deficit by physical exam (such as muscle weakness, paralysis, pain or paresthesia) OR continued symptoms or findings after antibiotic treatment?

A Possible answers: Yes No NA

Q Does the patient have vertebral body destruction secondary to osteomyelitis WITH ALL of the following (All 1 through 3)? 1. Vertebral body destruction secondary to osteomyelitis IDENTIFIED BY bone aspiration, MRI OR biopsy. 2. Evidence of vertebral body destruction by IMAGING. 3. Debridement will cause vertebral instability.

A Possible answers: Yes No NA

Q Does the patient have DEGENERATIVE DISC DISEASE WITH ALL of the following (ALL 1 thru 4)? 1. Low back pain NOT due to trauma that interferes with ADL's (for example, the ability to perform personal hygiene, work effectively, and manage home). 2. No neurologic symptoms or findings (no deficits in muscle strength, sensation or reflexes). 3. Degenerative disc disease identified by MRI that correlates with symptoms and findings. 4. Continued pain after treatment with ALL of the following (ALL A thru C): A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program or physical therapy for at least 6 months. C. Activity modification for at least 6 months.

A Possible answers: Yes No NA

See below for the questions you'll encounter for lumbar spine surgery procedures 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 a NONTRAUMATIC INSTABILITY or SPONDYLOLISTHESIS WITH ALL the following (ALL 1 thru 4)? 1. Low back pain NOT due to trauma that interferes with ADL's (for example, the ability to perform personal hygiene, work effectively, and manage home). 2. No neurologic deficits. 3. X-RAY imaging with ANY of the following results (ANY of A thru C)? A. Relative sagittal plane angulation > 22 degrees. B. Sagittal plane translation > 3mm. C. Sagittal plane translation > 15% of vertebral body width. 4. Continued pain after treatment with ALL of the following (ALL A thru C): A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program or physical therapy for at least 6 MONTHS. C. Activity modification for at least 6 MONTHS.

A Possible answers: Yes No NA

Q Does the patient have LUMBAR DISC HERNIATION OR FORAMINAL STENOSIS WITH ALL of the following (ALL 1 thru 3)? 1. Nerve root compression correlating to symptoms and findings by imaging. 2. Unilateral radiculopathy with MOTOR DEFICIT. 3. SEVERE MUSCLE WEAKNESS (less than 3 out of 5 muscle strength, for example, less than full range of motion with gravity eliminated) IN A NERVE ROOT DISTRIBUTION (such as, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM.

A Possible answers: Yes No NA

Q Does the patient have LUMBAR DISC HERNIATION OR FORAMINAL STENOSIS WITH ALL of the following (ALL 1 thru 4)? 1. Nerve root compression correlating to symptoms and findings by imaging. 2. Unilateral radiculopathy with MOTOR DEFICIT. 3. Mild-moderate muscle weakness (muscle strength 3/5 or 4/5) in a nerve root distribution (for example, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM. 4. WORSENING WEAKNESS.

A Possible answers: Yes No NA

See below for the questions you'll encounter for lumbar spine surgery procedures 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 LUMBAR DISC HERNIATION OR FORAMINAL STENOSIS WITH ALL of the following (ALL 1 thru 4)? 1. Nerve root compression correlating to symptoms and findings by imaging. 2. Unilateral radiculopathy with MOTOR DEFICIT. 3. Mild-moderate muscle weakness (muscle strength 3/5 or 4/5) in a nerve root distribution (for example, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM. 4. CONTINUED SYMPTOMS OR FINDINGS after treatment with ALL (ALL A thru C)? A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program OR physical therapy for at least 6 weeks. C. Activity modification for at least 6 weeks.

A Possible answers: Yes No NA

Q Does the patient have Lumbar disc herniation OR FORAMINAL STENOSIS WITH ALL (ALL 1 thru 3)? 1. Nerve root compression correlating to symptoms and findings by imaging. 2. Unilateral radiculopathy with SENSORY DEFICIT (pain, paresthesias, or numbness in a nerve root distribution. 3. CONTINUED symptoms or findings AFTER TREATMENT with ALL of the following (all A thru C): A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program OR physical therapy for at least 6 weeks. C. Activity modification for at least 6 weeks.

A Possible answers: Yes No NA

Q Does the patient have RADICULOPATHY AFTER SPINE SURGERY FOR HERNIATED DISC WITH ALL (ALL 1 thru 4)? 1. Symptoms were initially resolved following previous spine surgery for herniated disc. 2. Recurrent radiculopathy at the same level as the previous surgery. 3. Unilateral radiculopathy with MOTOR DEFICIT. 4. SEVERE MUSCLE WEAKNESS (less than 3 out of 5 muscle strength, for example, less than full range of motion with gravity eliminated) IN A NERVE ROOT DISTRIBUTION (such as, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM.

A Possible answers: Yes No NA

See below for the questions you'll encounter for lumbar spine surgery procedures 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 AFTER SPINE SURGERY FOR HERNIATED DISC WITH ALL (ALL 1 thru 5)? 1. Symptoms were initially resolved following previous spine surgery for herniated disc. 2. Recurrent radiculopathy at the same level as the previous surgery. 3. Unilateral radiculopathy with MOTOR DEFICIT. 4. Mild-moderate muscle weakness (muscle strength 3/5 or 4/5) in a nerve root distribution (for example, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM. 5. WORSENING WEAKNESS.

A Possible answers: Yes No NA

Q Does the patient have RADICULOPATHY AFTER SPINE SURGERY FOR HERNIATED DISC WITH ALL (ALL 1 thru 5)? 1. Symptoms were initially resolved following previous spine surgery for herniated disc. 2. Recurrent radiculopathy at the same level as the previous surgery. 3. Unilateral radiculopathy with MOTOR DEFICIT. 4. Mild-moderate muscle weakness (muscle strength 3/5 or 4/5) in a nerve root distribution (for example, quadriceps [L3], quadriceps or anterior tibialis [L4], foot or toe dorsiflexor [L5], foot, toe plantar flexor or hamstring [S1]) BY PHYSICAL EXAM. 5. CONTINUED SYMPTOMS OR FINDINGS after treatment with ALL (ALL A thru C)? A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program OR physical therapy for at least 6 weeks. C. Activity modification for at least 6 weeks.

A Possible answers: Yes No NA

Q Does the patient have RADICULOPATHY AFTER SPINE SURGERY FOR HERNIATED DISC WITH ALL (ALL 1 thru 4)? 1. Symptoms were initially resolved following previous spine surgery for herniated disc. 2. Recurrent radiculopathy at the same level as the previous surgery. 3. Unilateral radiculopathy with SENSORY DEFICIT (pain, paresthesias, or numbness in a nerve root distribution. 4. CONTINUED symptoms or findings AFTER TREATMENT with ALL of the following (all A thru C): A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program OR physical therapy for at least 6 weeks. C. Activity modification for at least 6 weeks.

A Possible answers: Yes No NA

See below for the questions you'll encounter for lumbar spine surgery procedures 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 NONUNION AFTER SPINAL FUSION (PSEUDOARTHROSIS) WITH ALL (ALL 1 thru 5)? 1. Spinal fusion performed at least 6 months ago. 2. Initial resolution of symptoms following surgery. 3. Pain at same level as previous. 4. Nonunion of lumbar spine by CT scan. 5. CONTINUED symptoms or findings AFTER TREATMENT with ALL of the following (all A thru C): A. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated). B. Physician directed home exercise program OR physical therapy for at least 12 weeks. C. Activity modification for at least 12 weeks.

A Possible answers: Yes No NA

Q For the procedure of 22558, minimally invasive lumbar interbody fusion, please select the technique that will be used for this surgery. NOTE: If the procedure is not 22558, you MUST select Not applicable.

A Possible answers:

- Anterior (ALIF)
- Posterior (PLIF)
- Transforaminal (TLIF)
- Extreme lateral (XLIF)
- Direct lateral (DLIF)
- Axial or Para-Axial (AxiaLIF)
- Laparoscopic ALIF (LALIF)
- Oblique lumbar interbody fusion (OLLIF)
- Not Applicable

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

See below for the questions you'll encounter for lumbar spine surgery procedures in the e-referral system. (continued)

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 Yes No NA