

Lumbar Discectomy / Hemilaminectomy with or without Discectomy/Foraminotomy

Blue Care Network provides coverage for lumbar discectomy spinal 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 auth service will be monitored retrospectively.

| Code | Description | |
|---------|---|---|
| * 22207 | Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (e.g., pedicle/vertebral body subtraction); lumbar | |
| * 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | |
| * 63042 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar | |
| 1. | Is the patient less than 18 years of age? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Does the patient have: | |
| 3. | Evidence of nerve root compression by imaging (e.g., MRI, CT or Myelogram-CT)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | SEVERE weakness (less than 2 out of 5 muscle strength) OR mild atrophy (muscle wasting) ALONG A SPECIFIC NERVE ROOT DISTRIBUTION***? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Pain with either MILD TO MODERATE weakness or SENSORY DEFICIT (e.g. decreased sensation, numbness or tingling) ALONG A SPECIFIC NERVE ROOT DISTRIBUTION **? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Worsening weakness ALONG A SPECIFIC NERVE ROOT DISTRIBUTION*** that is progressively worsening? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Symptoms that continue after appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Symptoms that continue after activity modification for at least 6 weeks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | **Radiculopathy pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION e.g., hip, thigh and knee (L3); hip, thigh, knee and medial leg (L4); hip, lateral thigh and leg (L5); buttock, posterior thigh, and calf (S1). | |
| 10. | ***Radiculopathy weakness affects muscles in a SPECIFIC NERVE ROOT DISTRIBUTION e.g., weakness in quadriceps (L3); quadriceps or anterior tibialis (L4); foot or toe dorsiflexor (L5); foot, toe plantar flexor, or hamstring (S1). | |

Reference:

InterQual® 2011 Procedures Adult Criteria, Discectomy, Lumbar.

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