Lumbar Discectomy or Hemilaminectomy

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 pend 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>* 63030</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</td>
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<tr>
<td>* 63042</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar</td>
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1. If the patient is less than 18 years of age select "yes" and submit the request. without completing the rest of the questionnaire.  
   - Yes, < 18 years  
   - No, 18 years or older

2. Does the patient have:  
   - Evidence of nerve root compression by imaging (e.g. MRI, CT or Myelogram-CT)?  
     - Yes  
     - No

3. SEVERE weakness (less than 2 out of 5 muscle strength) OR mild atrophy (muscle wasting) ALONG A SPECIFIC NERVE ROOT DISTRIBUTION***?  
   - Yes  
   - No

4. Pain with either MILD TO MODERATE weakness or SENSORY DEFICIT (e.g. decreased sensation, numbness or tingling) ALONG A SPECIFIC NERVE ROOT DISTRIBUTION**?  
   - Yes  
   - No

5. Worsening weakness ALONG A SPECIFIC NERVE ROOT DISTRIBUTION*** that is progressively worsening?  
   - Yes  
   - No

6. Symptoms that continue after appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated)?  
   - Yes  
   - No

7. Symptoms that continue after activity modification for at least 6 weeks?  
   - Yes  
   - No

8. **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); buttck, posterior thigh, and calf (S1).  
   - Yes  
   - No

9. ***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 planter flexor, or hamstring (S1).  
   - Yes  
   - No

Reference:  
InterQual® 2012 Procedures Adult Criteria, Discectomy, Lumbar.
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