

Prior Authorization Review Required for Certain Spinal Surgeries

CommunityConnect HealthPlanSM will review for medical necessity certain types of inpatient and outpatient spine surgeries for our members in the BadgerCare Plus program for dates of service beginning **June 19, 2011**.

The types of spine surgery include: lumbar fusion, excision of disc and decompression surgery. Please see the “CPT Procedure Codes” table below.

We will utilize Milliman Care Guideline medical necessity criteria to determine the medical necessity of these procedures when done on an inpatient or outpatient basis.

When these services are provided on an inpatient or outpatient basis, the medical necessity review will be part of the prior authorization process, which we already perform on some of these procedures today. Authorization enables the provider to verify that the service meets our medical necessity criteria before delivering the care.

When an authorization is not obtained prior to the procedure, we may deny the claim.

CPT Procedure Codes			
0092T	Artificial Disc Placement	63005	Remove Spinal Lamina
0163T	Artificial Disc Placement	63012	Remove Spinal Lamina
0195T	Lumbar Spine Fusion	63017	Remove Spinal Lamina
0196T	Lumbar Spine Fusion	63030	Low Back Disk Surgery
22533	Lumbar Spine Fusion	63042	Low Back Disk Surgery
22558	Lumbar Spine Fusion	63047	Remove Spinal Lamina
22612	Lumbar Spine Fusion	63056	Decompress Spinal Cord
22630	Lumbar Spine Fusion	63081	Vertebral Corpectomy
22856	Artificial Disc Placement	63082	Vertebral Corpectomy
22857	Artificial Disc Placement	63085	Vertebral Corpectomy
22861	Artificial Disc Replacement	63087	Vertebral Corpectomy
22862	Artificial Disc Replacement	63090	Vertebral Corpectomy
22864	Artificial Disc Removal	63091	Vertebral Corpectomy
22865	Artificial Disc Removal		

Please note: This review does not replace any existing medical policies currently in place for other types of spine surgery not listed above. For example, reviews for services such as artificial intervertebral disc or percutaneous disc decompression, for which medical policies currently exist, will continue to be reviewed using those medical policies whether done on an inpatient or outpatient basis.

To request authorization, or to receive a copy of the Milliman Care Guideline Criteria when investigating an individual case, call CommunityConnect's Utilization Management department at **1-877-471-6656**.

For More Information

If you need to contact us regarding this or any other utilization management related topics, you can reach us at the following contact points:

Phone:**1-877-471-6656**
Fax:**1-877-471-6658**

Mailing address:

**Attn: Utilization Management
CommunityConnect HealthPlan
PO Box 3157
Eau Claire, WI 54702-3157**