HealthPartners®

Subject Prior Authorization for Spine Surgery Consult Visits	Attachments ☒ Yes ☐ No
Key words Orthopedic Surgeon, Neurosurgeon, Medical Spine Center, Spinal Surgery, Back and Neck conditions, Surgical Spine Consultation	**Number** **AS 003**
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Applicable Orthopedic Surgeons and Neurosurgeons	**Origination Date**
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Review Responsibility Janet Knaresboro, Marty Michael, Mary Gainey, Melanie Teske, Rob Sauer, Tom Marr, Joni Riley, Laurena Lockner, Lisa Ganser, Brenda Thommen, Bev Vacinek	**Contact** Bev Vacinek

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I. PURPOSE

To explain the prior authorization responsibilities and expectations for the Orthopedic spine surgeon or neurosurgeon prior to spine surgery consultation visits for specified lumbar spine diagnoses.

II. POLICY

A. This policy only applies to members >18 years of age

B. Evaluation at a Designated Medical Spine Center (MSC) is required prior to orthopedic spine surgeon and neurosurgeon office consultation visits for specified lumbar spine surgery conditions unless there is an emergent indication for a surgical evaluation (see Attachment II).

C. A documented MSC evaluation must be done within the six months prior to the surgical consultation visit.

D. The prior authorization requirement does not apply to care provided in the emergency department or inpatient setting when professional services are billed with the appropriate site of service codes.

E. Patients with observed, progressive neurologic deterioration from a lumbar spine condition are not required to have an evaluation at a Designated MSC prior to a spine surgery consult visit. This can include any of the following:

1. Evidence of tumor, infection or fracture;
2. Cauda equina syndrome;
3. Sudden, progressive neurologic deterioration evidenced by:
   a. Acute weakness or decreased muscle control of the leg(s); or
   b. Loss of bladder or bowel control; or
4. Any other documented emergent neurological condition resulting from a lumbar spinal condition

III. PROCEDURE(S)

A. Non- Emergent Lumbar Spine conditions – Prior Authorization Required:

1. The orthopedic spine surgeon or neurosurgeon will submit a Prior authorization form (Attachment I) prior to all lumbar spine surgery office consult visits.
2. The prior authorization form requires documentation that a Designated Medical Spine Center Provider has seen the patient for a comprehensive evaluation.
3. The MSC evaluation visit summary must have been done within the past 6 months.

B. Exemption for emergent conditions:

Members with progressive neurologic deterioration from a lumbar spine condition do not require an evaluation by a Designated Medical Spine Center Provider (see Attachment IV).

C. Length of prior authorization approvals – 6 months

Three visits will be authorized during the six months following initial submission of the prior authorization. This should allow for follow up surgical visits when a surgery has taken place.

E. Member refusal of a Medical Spine Center Evaluation:

If a member refuses a MSC evaluation prior to a surgical consult it is the responsibility of the surgery provider to have the member sign a waiver indicating that they are accepting financial responsibility for the visit. The provider should submit the consult claim with a GA modifier and upon request, supply HealthPartners with a copy of the member signed waiver.

If no waiver is signed and the consult claim does not have a GA modifier, the notification of denial to provider liability will state Failure to Prior Authorize as a reason with code 203.

IV. DEFINITIONS

Designated Medical Spine Center:
Designated Medical Spine Centers are clinics with medical spine specialists whose focus is on the non-surgical, comprehensive management of spine conditions using a biopsychosocial active re-conditioning model. A Designated Medical Spine Center has shown a commitment to evidence based practice as demonstrated by use of ICSI guidelines and evidence driven protocols.

Designated Medical Spine Specialist:
A medical spine specialist is a clinician with a specialty in Physical Medicine and Rehabilitation, Occupational Medicine, Sports Medicine or advanced extensive training in spine care.

Back (lumbar spine) Conditions:
See Attachment II

V. COMPLIANCE

Failure to comply with this policy or the procedures may result in disciplinary action, up to and including termination.

VI. ATTACHMENTS

1. Attachment I Spine Surgery Consult Visit Prior Authorization/Notification Form
2. Attachment II ICD 9 Diagnosis Codes requiring prior authorization
3. Attachment III E & M Codes
4. Attachment IV Diagnosis Exemption Codes

VII. OTHER RESOURCES None

VIII. APPROVAL(S)

MARTY MICHAEL, DIRECTOR **PROFESSIONAL SERVICES NETWORK MGMT**	**CHARLES ABRAHAMSON, VICE PRESIDENT** **NETWORK MANAGEMENT & PROVIDER RELATIONS**

IX. ENDORSEMENT Medical Directors Committee and Code Review Committee

Attachment I

HealthPartners

Spine Surgery Consult Visit Prior Authorization/Notification
Prior Authorization Form

Please Fax To (952)853-8713 For Questions Call (952)883-5724

Patient Information	Spine Surgeon Information
Name:	Phone#:
HealthPartners ID #:	Fax#:
DOB:	Tax ID#:
	Clinic/Facility:
	Fax # for reply:
Form Completed by: _____ Phone#: _____	Name of orthopedic spine surgeon/neurosurgeon: _____

Proposed date of Visit: _____

ICD-9 Diagnosis Code: _____ E&M Code: _____

Evaluation by a **Designated Medical Spine Center (MSC) provider** is required prior to an orthopedic spine surgeon or neurosurgeon office surgery consultation visit for specified lumbar spine surgery conditions unless there is an emergent indication for a surgical evaluation.

Medical Spine Center Evaluation Documentation: *Check the appropriate box below*:

___ The patient is < 18 years of age and is exempt from the Designated Medical Spine Center evaluation visit requirement. (Stop here)

___ The patient has had the required visit with a Designated MSC provider and the visit summary notes are attached.

___ The patient has had the required visit with a Designated MSC provider and a visit summary has been requested from _____ (Designated MSC provider name).

Please note: A retrospective audit may occur to ensure compliance with HealthPartners Policy.

Spine Surgeon Signature:_____

Attachment II

The following list, although not all inclusive, is a list of ICD-9 Diagnosis codes <u>that require Prior Authorization</u> for an orthopedic spine surgery or neurosurgeon consultation visit for specified lumbar spine conditions.

338.4	Chronic pain syndrome
353.1	Lumbosacral plexus lesions
353.4	Lumbosacral root lesions, not elsewhere classified
355.0	Lesion of sciatic nerve
720.0	Ankylosing spondylitis
720.2	Sacroiliitis, not elsewhere classified
721.3	Lumbosacral spondylosis without myelopathy
721.5	Kissing spine
721.90	Spondylosis of unspecified site without mention of myelopathy
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.2	Displacement of intervertebral disc, site unspecified, without myelopathy
722.52	Degeneration of lumbar or lumbosacral intervertebral disc
722.70	Intervertebral disc disorder with myelopathy, unspecified region
722.73	Intervertebral lumbar disc disorder with myelopathy, lumbar region
722.83	Postlaminectomy syndrome, lumbar region
724.00	Spinal stenosis, unspecified region
724.02	Spinal stenosis, Lumbar region
724.03	Spinal stenosis, Lumbar region with neurogenic claudication
724. 09	Spinal stenosis, Other
724.2	Lumbago
724.3	Sciatica
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified
724.5	Backache, unspecified
724.6	Disorders of sacrum
724.8	Other symptoms referable to back
724.9	Other unspecified back disorders
737.39	Other kyphoscoliosis and scoliosis
737.40	Curvature of spine associated with other conditions
737.41	Kyphosis associated with other condition
737.42	Lordosis associated with other condition
737.43	Scoliosis associated with other condition
738.4	Acquired spondylolithesis
756.11	Scoliosis associated with other condition
756.12	Congenital spondylolisthesis
756.19	Anomalies of spine. Other
839.20	Closed dislocation, lumbar vertebra

The following list, although not all inclusive, is a list of E&M codes that require Prior Authorization if submitted by an orthopedic spine surgeon or neurosurgeon consultation visit for specified neck and back conditions.

A documented Medical Spine Center evaluation must be done within six (6) months prior to the consultation visit.

99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family
99202	Office or other outpatient visit….new patient….expanded problem….20 minutes
99203	Office or other outpatient visit….new patient....30 minutes
99204	Office or other outpatient visit….new patient….comprehensive….45 minutes
99205	Office or other outpatient visit….comprehensive….high complexity…. 60 minutes
99212	Office or other outpatient visit….established patient….problem focused....10 minutes
99213	Office or other outpatient visit….established patient….expanded….15 minutes
99214	Office or other outpatient visit….established patient….detailed….25 minutes
99215	Office or other outpatient visit….established patient….comprehensive…. 40 minutes
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes faceto- face with the patient and/or family
99242	Office consultation for a new or established patient....expanded problem…. 30 minutes
99243	Office consultation for a new or established patient….detailed history….40minutes
99244	Office consultation for a new or established patient….comprehensive....60 minutes
99245	Office consultation for a new or established patient….comprehensive…. high complexity…. 80 minutes

Attachment IV

The following diagnosis codes (although not all-inclusive) <u>are exempt</u> from the requirement for a documented Medical Spine Center Evaluation before orthopedic spine surgeon or neurosurgeon surgical consultation office visits.

170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx
192.2	Malignant neoplasm of spinal cord
213.2	Benign neoplasm of vertebral column, excluding sacrum and coccyx
225.3	Benign neoplasm of spinal cord
237.5	Neoplasm of uncertain behavior of brain and spinal cord
336.1	Vascular myelopathies
336.3	Myelopathy in other diseases classified elsewhere
336.8	Other myelopathy
336.9	Unspecified diseases of the spinal cord (cord compression NOS, myelopathy NOS)
344.60	Cauda equina syndrome, without mention of neurogenic bladder
344.61	Cauda equina syndrome, with neurogenic bladder
596.54	Neurogenic bladder
721.42	Lumbar spondylosis with myelopathy
721.7	Traumatic spondylopathy
722.73	Intervertebral disc disorder with myelopathy, Lumbar region
730.00	Acute osteomyelitis, site unspecified myelopathy, Lumbar region
730.10	Chronic osteomyelitis, site unspecified
730.08	Acute osteomyelitis, other specified sites
730.18	Chronic osteomyelitis, other specified sites
730.20	Unspecified osteomyelitis, site unspecified
730.28	Unspecified osteomyelitis, other specified sites
730.80	Other infections involving bone in diseases classified elsewhere, site unspecified
730.88	Other infections involving bone in diseases classified elsewhere, other specified sites
733. 13	Pathologic fracture of vertebrae
805.00 – 805.9	Fracture of vertebral column without mention of spinal cord injury
806.00 – 806.9	Fracture of vertebral column with spinal cord injury
952.2	Lumbar spinal cord injury without spinal bone injury
952.4	Cauda equina spinal cord injury without spinal bone injury
996.67	Infection and inflammatory reaction due to other internal orthopedic device, implant, and graft
721.91	Spondylosis of unspecified site with myelopathy
722.70	Intervertebral disc disorder with myelopathy, Unspecified region