

Spine Surgery Program: Frequently Asked Questions

GENERAL

Why does Blue Cross and Blue Shield of Nebraska (BCBSNE) have a pain management program focused on spine surgery?

BCBSNE implemented this program to improve quality and manage the use of non-emergent lumbar and cervical spine surgery (both outpatient and inpatient) procedures for our members. The following spine surgery procedures require preauthorization* through National Imaging Associates, Inc. (NIA):

- Lumbar microdiscectomy
- Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels
- Cervical anterior decompression with fusion – single and multiple levels
- Cervical posterior decompression with fusion – single and multiple levels
- Cervical posterior decompression (without fusion)
- Cervical artificial disc replacement
- Cervical anterior decompression (without fusion)

*NIA does not manage preauthorization for emergency spine surgery cases that are admitted through the emergency room or for spine surgery procedures outside of the procedures listed above.

Why did BCBSNE select NIA to manage its pain management program for spine surgeries?

We selected NIA to partner with us because of its clinically driven program designed to effectively manage quality, patient safety and appropriate use of resources for BCBSNE members.

Which BCBSNE members are covered under this relationship?

NIA will manage the preauthorization process for non-emergent, outpatient interventional pain management spine procedures through BCBSNE’s provider relationships. This program applies to all BCBSNE members, except those covered by the following groups or products:

- Federal Employee Program
 - Basic plan with no out-of-network coverage
 - Standard plan with out-of-network coverage
- Medicare Supplemental and Medicare Primary
- Nebraska Department of Correctional Services
- Nebraska Department of Health and Human Services

PREAUTHORIZATION

What surgeries require preauthorization ahead of the procedure being performed?

The following procedures, performed in an inpatient and outpatient setting, require preauthorization through NIA:

Lumbar Fusion – Single Level	22533, 22558, 22612, 22630, 22633
Lumbar Fusion – Multiple Levels	22533, +22534, 22558, +22585, 22612, +22614, 22630, +22632, 22633, +22634
Lumbar Decompression	63030, +63035, 63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057
Lumbar Microdiscectomy Only	63030, +63035

Anterior Cervical Decompression with Fusion – Single Level	22548, 22551, 22554
Anterior Cervical Decompression with Fusion – Multiple Level	22548, 22551, 22554, +22552, +22585
Cervical Posterior Decompression with Fusion – Multiple Levels	22590, 22595, 22600, +22614
Cervical Posterior Decompression with Fusion – Single Level	22590, 22595, 22600
Cervical Artificial Disc – Single Level	22856, 22861, 22864
Cervical Posterior Decompression (without fusion)	63001, 63015, 63020, 63040, 63045, 63050, 63051, +63035, +63043, +63048
Cervical Anterior Decompression (without fusion)	63075, +63076

Please note: +codes (add-on codes) do not require separate authorization and are to be used in conjunction with the approved primary code for the service rendered.

When is preauthorization required?

The ordering physician must obtain preauthorization with NIA prior to performing inpatient and outpatient non-emergent spine surgeries and prior to obtaining the preauthorization with BCBSNE for the facility or hospital admission.

Note: Any BCBSNE preauthorization requirements for the facility or hospital admission must be obtained separately and initiated only after the surgery has met NIA's medical necessity criteria.

Who can order a lumbar or cervical spine surgery?

A majority of spine surgeries requiring medical necessity are expected to be ordered by one of the following specialties:

- Neurosurgeons
- Orthopedic spine surgeons

Are pain management procedures included in this program?

Yes. All non-emergent outpatient and inpatient spine surgeries outlined above are required to have a preauthorization through NIA.

Who will review the spine surgery requests and medical information provided?

Practicing neurosurgeons will conduct the medical necessity reviews and determinations.

Does NIA's preauthorization process change the requirements for facility-related preauthorization?

No. NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. NIA will provide BCBSNE with the surgery type requested and authorization determination.

Facilities must continue to follow BCBSNE's preauthorization processes for hospital admissions and elective surgery.

Note: Any BCBSNE preauthorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.

How does the ordering physician obtain a preauthorization from NIA?

Ordering physicians can request preauthorization via the NIA website, RadMD.com, or by calling the NIA toll-free number at [866-972-9642](tel:866-972-9642). Faxes to NIA or BCBSNE will not be accepted.

What information will NIA require in order to receive preauthorization?

To expedite the process, please have the following information ready before logging on to the website or calling NIA for preauthorization of nonemergent inpatient and outpatient spine surgeries:

- Name and office phone number of ordering physician*

- Member name and ID number*
- Requested surgery type*
- Name of facility where the surgery will be performed*
- Anticipated date of surgery*
- Details justifying the surgical procedure*:
 - Clinical diagnosis*
 - Date of onset of back pain or symptoms/length of time patient has had episode of pain*
 - Physician exam findings (including findings applicable to the requested services)
 - Diagnostic imaging results
 - Non-operative treatment modalities completed, date, duration of pain relief and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)

*Denotes required information

Also, be prepared to provide the following information if requested:

- Clinical notes outlining type and onset of symptoms
- Length of time with pain/symptoms
- Non-operative care modalities to treat pain and amount of pain relief
- Physical exam findings
- Diagnostic imaging results
- Specialist reports/evaluation

Does the ordering physician need a separate request for all spine procedures being performed during the same surgery on the same date of service?

No. NIA will provide a list of surgery categories to choose from, and the surgeon must select the most complex and invasive surgery being performed as the primary surgery.

- Example: Lumbar fusion:
 - If the surgeon is planning a single-level lumbar spine fusion with decompression, the surgeon will select the single-level fusion procedure. The surgeon does not need to request a separate authorization for the decompression procedure being performed as part of the lumbar fusion surgery. This is included in the lumbar fusion request.
- Example: Laminectomy:
 - If the surgeon is planning a laminectomy with a microdiscectomy, the surgeon will select the lumbar decompression procedure. The surgeon does not need to request a separate authorization for the microdiscectomy procedure.
 - If the surgeon is only performing a microdiscectomy (CPT 63030 or 63035), the surgeon should select the microdiscectomy only procedure.

What if the physician is performing a discectomy without a spinal fusion?

BCBSNE has a medical policy for discectomy that is not managed by NIA. If a discectomy is being performed without a spinal fusion, please fax a preauthorization request to BCBSNE at [402-392-4141](tel:402-392-4141) or [800-255-2838](tel:800-255-2838).

Will the ordering physician need to enter each CPT procedure code being performed for spine surgery?

No. NIA will provide a list of surgery categories to choose from, and the ordering physician must select the primary surgery (most invasive) being performed. There will be a summary of which CPT codes fall under each procedure category.

Are instrumentation (medical device), bone grafts and bone marrow aspiration included as part of the lumbar or cervical fusion authorizations?

Yes. The instrumentation (medical device), bone grafts and bone marrow aspiration procedures commonly performed in conjunction with a single or multiple level lumbar or cervical spine fusion are included in the fusion surgery authorization. The amount of instrumentation must align with the authorization.

What kind of response time can ordering physicians expect for preauthorization?

Having the following information available prior to calling NIA at [866-972-9642](tel:866-972-9642) or online through RadMD.com will create the most efficient turnaround time of a medical necessity decision.

- Clinical diagnosis
- Date of onset of back pain or symptoms/length of time patient has had episode of pain
- Physician exam findings (including findings applicable to the requested services)
- Pain/patient symptoms
- Diagnostic imaging results
- Non-operative treatment modalities completed, date, duration of pain relief and results (e.g., physical therapy, epidural injections, chiropractic or osteopathic manipulation, hot pads, massage, ice packs and medication)

Generally, a determination will be made within two business days after receipt of a request with full clinical documentation. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

What will the NIA authorization number look like?

The NIA authorization number will consist of eight or nine alpha-numeric characters. In some cases, the ordering surgeon may instead receive an NIA tracking number (not the same as an authorization number) if the surgeon's authorization request is not approved at the time of initial contact. Ordering physicians can use either number to track the status of their request online or through an interactive voice response telephone system.

If requesting authorization through RadMD.com and the request pends, what happens next?

You will receive a tracking number, and NIA will contact you to complete the process.

Can RadMD.com be used to request retrospective or expedited authorization requests?

Retrospective requests are not allowed. Expedited requests should be called into NIA's call center at [866-972-9642](tel:866-972-9642).

How long is the preauthorization number valid?

The authorization number is valid for 90 days from the date of service, if provided, or from the date of request.

Is preauthorization necessary for lumbar or cervical spine surgery if BCBSNE is NOT the member's primary insurance?

Yes, preauthorization is still necessary, even if BCBSNE is not the member's primary insurance. If Medicare coverage is primary; however, preauthorization is not necessary.

Is payment guaranteed if an ordering physician obtains a preauthorization number?

An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing. NIA's medical necessity review and determination is for the authorization of the surgeon's professional services and type of surgery being performed. Any BCBSNE preauthorization requirements for the facility or hospital admission must be obtained separately and only initiated after the surgery has met NIA's medical necessity criteria.

Does NIA allow retro-authorizations?

It is important to educate key physicians and office staff on the preauthorization requirements. Claims for spine surgery, as outlined above, that have not been properly authorized will not be reimbursed, and the member cannot be balance-billed for such procedures.

Physicians performing spine surgery should not schedule or perform surgery without preauthorization.

Can an ordering physician verify an authorization number online?

Yes. Ordering physicians can check the status of a member's authorization quickly and easily by going to RadMD.com.

Will the NIA authorization number be displayed on the BCBSNE website?

No. The authorization number will not be displayed on BCBSNE's website.

What if I disagree with NIA's determination?

In the event of a preauthorization or claims payment denial, providers may appeal the decision through BCBSNE. Providers should follow the instructions on their non-authorization letter or explanation of payment notification.

SCHEDULING PROCEDURES

Do ordering physicians have to obtain an authorization before they call to schedule an appointment?

NIA asks where the surgery is being performed and the anticipated date of service. Ordering physicians should obtain preauthorization before scheduling the patient and the facility or hospital admission.

SURGEON IMPACT

Which physicians are impacted by the pain spine management program?

Neurosurgeons and orthopedic spine surgeons are the key physicians impacted by this program.

Procedures performed in the following settings are included in this program:

- Hospital (inpatient and outpatient settings)
- Ambulatory surgical centers

CLAIMS

Where do rendering providers send their claims for outpatient, non-emergent spine management services?

Rendering providers should continue to send claims directly to BCBSNE and are encouraged to use the electronic data interchange process for claims submission.

How can claims status be checked?

Providers should continue to check claims status by calling [800-284-4640](tel:800-284-4640) or logging into NaviNet.net.

Who should a provider contact if they want to appeal a preauthorization or claims payment denial?

Rendering providers are asked to follow the appeal instructions given on their non-authorization letter or explanation of benefits notification.

MISCELLANEOUS

How is medical necessity defined?

NIA defines medical necessity as services that:

- Meet generally accepted standards of medical practice, are appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards
- Are appropriate to the illness or injury for which it is performed as to type of service and expected outcome
- Be appropriate to the intensity of service and level of setting
- Provide unique, essential and appropriate information when used for diagnostic purposes
- Are the lowest-cost alternative that effectively addresses and treats the medical problem and rendered for the treatment or diagnosis of an injury or illness
- Not furnished primarily for the convenience of the member, the attending physician or other surgeon

Where can an ordering physician find NIA's guidelines for clinical use of pain spine management procedures?

NIA's clinical guidelines can be found online at RadMD.com. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

CONTACT INFORMATION

Who can a surgeon contact at NIA for more information?

Ordering physicians can contact Andrew Dietz, provider relations manager, at dietza@magellanhealth.com