



**EFFECTIVE DATE:** 04|01|2023

**POLICY LAST UPDATED:** 02|01|2023

## OVERVIEW

This policy documents the spinal procedures in which prior authorization is required by the Blue Cross & Blue Shield of Rhode Island (BCBSRI) through the Spine Procedures vendor for Medicare Advantage Plans.

**NOTE: This policy is applicable to Medicare Advantage Plans only. For Commercial Products, please see the applicable policy in the Related Policies section.**

## MEDICAL CRITERIA

### Medicare Advantage Plans

Clinical guidelines for the spinal procedures listed below are found on the Spine Procedures vendor's website, which can be accessed at [eviCore.com](http://eviCore.com) or calling 888-233-8158 or faxing to 888-693-3210.

## PRIOR AUTHORIZATION

### Medicare Advantage Plans

Prior authorization is required for Medicare Advantage Plans.

## POLICY STATEMENT

### Medicare Advantage Plans

The physician who orders the spinal procedure(s) must initiate and complete the authorization with the BCBSRI Spine Procedures vendor. The ordering physician must maintain all documentation to support the clinical appropriateness of the spinal procedure(s) that is ordered and will complete the authorization accurately.

## OVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/coverage or surgery benefit.

## CODING

The following codes are covered if approved by the BCBSRI's Spine Procedures vendor:

[2023 Codes for Spinal Procedures](#)

## RELATED POLICIES

Artificial Intervertebral Disc Insertion Lumbar Spine  
Axial Lumbosacral Interbody Fusion  
Diagnosis and Treatment of Sacroiliac Joint Pain  
Image-Guided Minimally Invasive Spinal Decompression for Spinal Stenosis  
Interspinous and Interlaminar Stabilization/Distractor Devices (Spacers)  
New Technology and Miscellaneous Services  
Non-Reimbursable Health Service Codes  
Prior Authorization via Web Based Tool for Procedures

## PUBLISHED

Provider Update, February 2023

Provider Update, December 2022

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

