Medical Coverage Policy | Prior Authorization of Spinal Procedures

EFFECTIVE DATE: 09|01|2026
POLICY LAST REVIEWED: 05|20|2026

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.

Effective 11/1/2025, Fully-Funded Commercial Products will be reviewed through the Spine Procedures vendor. Please see the Coding section below for applicable CPT codes/procedures.

For all other Commercial Products, including Self-Funded, please refer to the Prior Authorization via Web Based Tool for Procedures policy.

MEDICAL CRITERIA

Medicare Advantage Plans and Fully-Funded Commercial Products

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

PRIOR AUTHORIZATION

Medicare Advantage Plans and Fully-Funded Commercial Products

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

Effective 10/1/2025, for Fully-Funded Commercial Products only, prior authorization requests may not be needed when the requesting physician is a BCBSRI Contracted Primary Care Provider. See below for a list of specialties. Prior authorization continues to be needed for all other Commercial Products, including Self-Funded and Medicare Advantage Plans.

The following specialties, that are credentialed as a primary care provider, are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- Obstetrics and Gynecology
- Doctor of Osteopathic Medicine
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

POLICY STATEMENT

Medicare Advantage Plans and Fully-Funded Commercial Products

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.

COVERAGE

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

Medicare Advantage Plans and Commercial Products

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

2026 Codes for Spinal Procedures

RELATED POLICIES

Non-Reimbursable Health Service Codes
Prior Authorization of Services, Treatments or Procedures

PUBLISHED

Provider Update, July 2026
Provider Update, September 2025
Provider Update, October 2024
Provider Update, February 2023
Provider Update, December 2022

PUBLISHED

None

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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