MASSACHUSETTS

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Artificial Intervertebral Disc: Cervical Spine Prior Authorization Request Form #952

Medical Policy #585 Artificial Intervertebral Disc: Cervical Spine

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Artificial Intervertebral Disc: Cervical Spine. For members who do not meet the criteria, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration). Once completed, fax to**:**

Medical and Surgical: 1-888-282-0780	**Medicare Advantage: 1-800-447-2994**

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for Artificial Intervertebral Disc: Cervical Spine must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient ❒ Inpatient ❒

Physician Information	**Facility Information**
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

CERVICAL ARTIFICIAL INTERVERTEBRAL DISC IMPLANTATION

Please check off if the procedure being requested is the following:	
Cervical artificial intervertebral disc implantation.	❒

Please check off if the device is FDA-approved and the patient meets ALL of the following criteria:	
1. The device is approved by FDA.	❒
2. The patient is skeletally mature	❒
3. The patient has intractable cervical radicular pain or myelopathy: • Which has failed at least 6 weeks of conservative nonoperative treatment, including active pain management program or protocol, under the direction of a physician, with pharmacotherapy that addresses neuropathic pain and other pain sources AND physical therapy; **OR**	❒

• If the patient has severe or rapidly progressive symptoms of nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment.	
4. Degeneration is documented by magnetic resonance imaging (MRI), computed tomography (CT), or myelography	❒
5. Cervical degenerative disc disease is from C3-C7	❒
6. The patient is free from contraindication to cervical disc arthroplasty.	❒

SIMULTANEOUS CERVICAL ARTIFICIAL INTERVERTEBRAL DISC IMPLANTATION

Please check off if the procedure being requested is the following and the above criteria are met for each disc level	
Simultaneous cervical disc arthroplasty at a second contiguous level and the device is FDA-approved for 2 levels (ie, Mobi-C, Prestige LP).	❒

SUBSEQUENT CERVICAL ARTIFICIAL INTERVERTEBRAL DISC IMPLANTATION

Please check off if the procedure being requested is the following:	
Subsequent cervical disc arthroplasty at an adjacent level.	❒

Please check off if ALL of the following criteria are met:	
Criteria 1 to 6 above are met; **AND**	❒
The device is FDA-approved for 2 levels; **AND**	❒
The planned subsequent procedure is at a different cervical level than the initial cervical artificial disc replacement; **AND**	❒
Clinical documentation that the initial cervical disc arthroplasty is fully healed.	❒

Note: Cervical disc arthroplasty is considered **INVESTIGATIONAL** for all other indications, including the following:

- Disc implantation at more than 2 levels
- Combined use of an artificial cervical disc and fusion
- Prior surgery at the treated level
- Previous fusion at another cervical level
- Translational instability
- Anatomical deformity (eg, ankylosing spondylitis)
- Rheumatoid arthritis or other autoimmune disease
- Presence of facet arthritis
- Active infection, systemic or local
- Metabolic bone disease (eg, osteoporosis, osteopenia, osteomalacia)
- Neck or arm pain of unknown etiology
- Absence of neck and/or arm pain
- Progressive neurological deficit or deterioration
- Paget's disease, osteomalacia or any other metabolic bone disease
- Malignancy.
- There is radiological evidence of ANY of the following:
    - clinically significant cervical instability, such as kyphotic deformity or spondylolisthesis (e.g., > 3.5 mm subluxation or > 11 degrees angulation)
    - significant cervical anatomical deformity or compromised vertebral bodies at the index level (e.g., ankylosing spondylitis, rheumatoid arthritis, or compromise due to current or past trauma)
    - spinal metastases.
- Non-FDA–approved cervical disc prosthesis.

CPT CODES/ HCPCS CODES

Please check off all the relevant CPT codes:		
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	❒
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	❒

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
		❒
		❒

Providers should enter other relevant code(s) below:

Code	Description	
		❒
		❒