



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:

<b>Medical and Surgical: 1-888-282-0780</b>	<b>Medicare Advantage: 1-800-447-2994</b>
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### 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 <input type="checkbox"/> Inpatient <input type="checkbox"/>

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.	<input type="checkbox"/>

Please check off if the device is FDA-approved and the patient meets <u>ALL</u> of the following criteria:	
1. The device is approved by FDA.	<input type="checkbox"/>
2. The patient is skeletally mature	<input type="checkbox"/>
3. The patient has intractable cervical radicular pain or myelopathy: <ul style="list-style-type: none"> <li>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; <b>OR</b></li> </ul>	<input type="checkbox"/>

<ul style="list-style-type: none"> <li>If the patient has severe or rapidly progressive symptoms of nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment.</li> </ul>	
4. Degeneration is documented by magnetic resonance imaging (MRI), computed tomography (CT), or myelography	<input type="checkbox"/>
5. Cervical degenerative disc disease is from C3-C7	<input type="checkbox"/>
6. The patient is free from contraindication to cervical artificial intervertebral disc implantation.	<input type="checkbox"/>

### SIMULTANEOUS CERVICAL ARTIFICIAL INTERVERTEBRAL DISC IMPLANTATION

<b>Please check off if the procedure being requested is the following and the above criteria are met for each disc level</b>	
Simultaneous cervical artificial intervertebral disc implantation at a second contiguous level and the device is FDA-approved for 2 levels (ie, Mobi-C, Prestige LP).	<input type="checkbox"/>

### SUBSEQUENT CERVICAL ARTIFICIAL INTERVERTEBRAL DISC IMPLANTATION

<b>Please check off if the procedure being requested is the following:</b>	
Subsequent cervical artificial intervertebral disc implantation at an adjacent level.	<input type="checkbox"/>

<b>Please check off if <u>ALL</u> of the following criteria are met:</b>	
Criteria 1 to 6 above are met; <b>AND</b>	<input type="checkbox"/>
The device is FDA-approved for 2 levels; <b>AND</b>	<input type="checkbox"/>
The planned subsequent procedure is at a different cervical level than the initial cervical artificial disc replacement; <b>AND</b>	<input type="checkbox"/>
Clinical documentation that the initial cervical artificial intervertebral disc implantation is fully healed.	<input type="checkbox"/>

**Note:** Cervical artificial intervertebral disc implantation 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) (T-score of -3.5, or -2.5, with vertebral crush fracture)
- 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**

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

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

<b>Code</b>	<b>Description</b>	
		<input type="checkbox"/>
		<input type="checkbox"/>

Providers should enter other relevant code(s) below:

<b>Code</b>	<b>Description</b>	
		<input type="checkbox"/>
		<input type="checkbox"/>