



Utilization Management
Phone: 1-877-284-0102 Fax: 1-800-510-2162

Cervical Spine Surgery Precertification Review

Date: _____ Reference #: _____ (provided after initial review)
A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care Department. If you have any questions, please call HealthLink at 1-877-284-0102.

Provider Information

Provider Name: _____
 Address: _____
 Phone: _____
 Fax: _____

Patient Information

Patient Name: _____
 ID Number: _____
 Address: _____
 Patient's DOB: _____
 Phone: _____

Ordering Physician Information

Ordering Physician Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 TIN: _____

Treatment Information

Diagnosis (ICD-10) Code: _____
 Primary Procedure: _____
 Procedure (ICD-10) Code: _____
 Date of Procedure: _____
 Place of Service: _____

Is procedure related to an accident? YES NO
 If yes, please indicate date and describe injury: _____

Has the member had prior back surgery? YES NO
 If yes, please list surgeries and approximate dates performed: _____

Which approach will be used? Anterior Posterior
 Which approach will be used during the surgery? Open Endoscopic Percutaneous

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What conservative treatment has been tried? _____

Will surgery include a cervical artificial intervertebral disc? YES NO

For this procedure will bone morphogenetic protein be used? YES NO

Does the member have any of the following circumstances or indications please check all that apply:

- Symptomatic cervical radiculopathy with:
 - Profound neurologic deficit at initial presentation or progressive numbness or weakness or unremitting radicular pain despite at least 6 weeks of appropriate conservative therapy
 - Imaging studies document nerve root compression
- Symptomatic pseudoarthrosis with
 - The presence of hardware failure or at least 6 months have passed since initial fusion
 - Imaging studies document the pseudo arthrosis
 - There are persistent symptoms despite appropriate conservative treatment
- Symptomatic single level or multilevel spondylotic myelopathy, with or without kyphosis
 - The individual has corresponding clinical symptoms and objective neurologic signs
 - Imaging studies (for example, CT [with or without myelogram], MRI, x-ray) document cord compression due to one or more of the following:
 - Herniated nucleus pulposus
 - Osteophyte formation
- Symptomatic nontraumatic cervical spondylosis with instability documented by radiographic findings
 - Sagittal plane angulation of greater than 11 degrees between adjacent segments
 - Subluxation or translation of greater than 3.5 millimeters (mm) on static lateral views or dynamic radiographs
- Degenerative cervical kyphosis with spondylosis causing cord compression
- Degenerative spinal segment that is adjacent to prior decompression or fusion procedure
 - Symptomatic myelopathy corresponds clinically to adjacent level
 - Symptomatic radiculopathy corresponds clinically to adjacent level and is unresponsive to nonoperative therapy
- Infection of the cervical spine requiring decompression or debridement showing vertebral body destruction or abscess that is documented on an MRI
- Atlantoaxial (C1-C2) instability, cord compression or subluxation(greater than 5 mm as documented by imaging studies(for example MRI)in any of the following:
 - Connective tissue disorders (for example, rheumatoid arthritis (RA)
 - Downs syndrome
 - Os odontoidium
 - Skeletal dysplasia (for example, congenital abnormality C1-C2)

Posttraumatic cervical instability YES NO

Please check or explain which type of traumatic cervical injury the member has below:

- Fracture
- Subluxation

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- Dislocation
- Major ligamentous instability
- Other, please explain: _____

Ossification of the posterior longitudinal ligament (OPLL) with or without kyphosis associated with cervical stenosis and myelopathy? YES NO

Spinal repair with fusion (for example, as part of a stabilization procedure due to extensive surgery) performed in conjunction with other procedures (for example, laminectomy) for abscess, dislocation, fracture, infection, neural decompression, or tumor? YES NO

Please explain: _____

Does the member have a tumor of the cervical spine (primary bone or metastatic tumor) causing (Please check all that apply) :

- Cord compression
- Spinal instability
- Pathologic fracture

Will the excision of the lesion result in further pathologic anatomy or symptoms? YES NO

Please explain: _____

Does the member have a deformity or progressive neck pain following prior posterior cervical decompressive laminectomy or laminoplasty? YES NO

Does the member have neck pain without radiculopathy or myelopathy? YES NO

What are the results on the MRI or other imaging study that documents the member's current cervical problem?

Does the member have any symptoms not listed above that we should be aware of, please explain? _____

Contact Information

Contact Person: _____

Title: _____

Phone: _____

Fax: _____

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