Lumbar Diskectomy or Microdiskectomy, Foraminotomy, Laminotomy

MPM 12.0

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

This Medical Policy addresses clinical indications for spinal decompression surgeries.

Coverage Determination/
Clinical Indications

Prior Authorization is required. Log on to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses NIA Magellan Lumbar Spinal Surgery available on the RAD MD website http://www1.radmd.com/media/377496/_____2016-master-nia-clinical-guidelines.pdf.

Approval Signatures:

Clinical Quality Committee:  ___________ Norman White MD

Medical Director:  ___________ Pedro Cardona MD

Date Approved:  July 27, 2016

Publication History:

05-17-10: Original effective date
05-25-11: Annual Review
06-27-12: Annual Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria S-810

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm