Program Guide

The EmblemHealth Spine Surgery and Pain Management Therapies

EmblemHealth®

b

The EmblemHealth Spine Surgery and Pain Management Therapies Program Guide

EmblemHealth will implement a new utilization management program for spine surgery and pain management therapy. This program which begins November 16, requires providers to **contact OrthoNet directly to obtain prior approval for select spine surgery and interventional pain management therapy procedures**. This program applies to services provided by practitioners in their offices (POS 11), in an outpatient hospital (POS 22), ambulatory surgery center (POS 24) or inpatient hospital (POS 21) setting.

Why was OrthoNet selected?

OrthoNet is a leader in utilization management for musculoskeletal services such as spinal surgery and interventional pain management. Their innovative care management model integrates the needs of providers, payers and members to ensure the delivery of high quality, cost-effective health care. This partnership will offer providers access to experts who can assist in planning the best and most effective course of treatment for patients.

How will this utilization management program work?

The program requires that the treating clinician obtain prior approval for spine surgery and interventional pain management procedures defined by a list of CPT/ICD codes. As with all utilization management programs, this program will determine if the proposed servi meets the definition of medical necessity under the member's benefit plan.

What locations require prior approval?

For services provided on or after November 16, 2015, a prior approval is required for the defined procedures and therapies, when performed in the following settings:
- Practitioner's office (POS 11)
- Outpatient hospital setting (POS 22)
- Inpatient hospital (POS21)
- Ambulatory surgery center (POS 24)

Which members are covered by this program?

The **EmblemHealth Spine Surgery and Pain Management Therapies Program** will apply to members in the following networks:

NETWORK INCLUSIONS	
Included Networks:	
Enhanced Care Prime Network	Medicare Essential Network
Premium Network (aka, Vytra Premium Network)	Associated Dual Assurance Network
Prime Network*	EmblemHealth Dual Assurance Network
Select Care Network	VIP Prime Network
NY Metro Network (retired August 1, 2018)	
Exceptions:	
• Members assigned to a Montefiore, St. Barnabas or HealthCare Partners PCP	
• Beginning on July 1, 2018, St. Barnabas physicians are included in the Spine Surgery and Pain Management Program.	

*Includes GHI HMO branded benefit plans

Which procedures require prior approval by OrthoNet?

See code list for the spine surgery and interventional pain management therapy codes that require prior approval. This applies to both inpatient and outpatient procedures and pain management therapies. These codes are subject to change.

Does this program require referrals?

The EmblemHealth Spine Surgery and Pain Management Therapies Program does not require referrals. Prior approval is required for any service or procedure included in the code list. However, most plans do require a referral to access network specialists. Providers are reminded to verify member eligibility and benefits, and ensure there is a valid referral on file prior to the patient's appointment.

How do providers request prior approval from OrthoNet?

To request prior approval, providers must complete and **fax** the correct *OrthoNet EmblemHealth Prior Authorization Request* form for the services being requested along with any supporting clinical notes, including relevant clinical history, imaging reports and other pertinent clinical information to: **1-844-296-4440**.

What information do providers need to submit?

1. Preparing the fax request form:

Please be sure to include the following information when submitting requests:

- In the **Provider Information section** of the fax request form, include either the facility name or the treating provider name along with the corresponding NPI or Tax ID number.
- To identify offices with multiple locations, please complete the address, city, state, and ZIP code fields of the location where the member will be treated.
- In the Member Information section, provide the member's name, date of birth and the EmblemHealth member identification number.
- In the **Request Information section, please complete all fields including:**
  – Diagnosis code(s)
  – Requested procedure
  – Spinal level
  – Service setting*
  – Anticipated date of service
  ***Please note - OrthoNet will also review for appropriateness of location**

2. Fax the completed request form.

Fax the completed form along with any supporting clinical information to OrthoNet at **1-844-296-4440.** *Only prior approval request forms and any associated documents should be faxed to this number.*

What documentation will OrthoNet need to render a decision on requests?

OrthoNet will need sufficiently detailed, patient-specific clinical information to make a decision. This will include, at minimum, a relevant patient history that includes any prior treatments for this condition(s) including surgery, pain management, etc. Also required are copies of reports of significant imaging, such as MRI, CT, plain films and copies of relevant electro-diagnostic studies, if they have been performed. A proposed treatment plan/description of the proposed surgery, including the use of any implants is also essential. While a list of possible CPT4 codes can be submitted, it is far more preferable to provide a written statement of the proposed clinical procedure(s).

It is important to include a contact telephone number and fax number with the submission. This will help expedite any requests for additional information.

How long will it take to obtain prior approval?

For pre-service requests, it is OrthoNet's goal to review the supporting clinical data, verify eligibility/ benefits, render a determination and assign an authorization number, if approved, within one (1) to two (2) business days following the receipt of all necessary information. All utilization management decisions will meet accreditation (NCQA) and regulatory timeframes. Providers will be notified and given the following information, both verbally and via fax:

- Authorization number
- Number of approved visits and/or units
- Next review date

For procedures performed at locations other than the clinician's office, OrthoNet will also notify the facility.

Who reviews the prior approval requests?

All prior approval requests will be reviewed for medical necessity by a licensed health care professional who has received additional training in his/her specialty and who is supported by board certified MDs and DOs.

How do providers file requests for continued pain management therapy services?

Complete the *OrthoNet EmblemHealth Fax Request* form and fax it to OrthoNet at **1-844-296-4440**. For questions, contact OrthoNet's Customer Service Department at **1-844-730-8503**, Monday through Friday, 8:30 am to 5:30 pm.

Is it possible to check the status of a prior approval request?

To check on the status of a prior approval request, providers may contact OrthoNet's Customer Service Department at **1-844-730-8503**, Monday through Friday, 8:30 am to 5:30 pm. Once a determination has been made providers will be notified, both verbally and via fax, on the day the decision is made.

Please note: An authorization is not a guarantee of payment and it is contingent upon the member's benefits, contract limitations and eligibility at the time of service.

Can providers still request prior approval from EmblemHealth?

No. Providers may not submit requests through **emblemhealth.com**. Requestors will be directed to contact OrthoNet.

How long will the prior approval be valid?

Prior approvals are valid for 90 days from the date they are issued.

Where can I find the OrthoNet Fax Request form?

The *OrthoNet Fax Request* form can be downloaded from **orthonet-online.com** or the **Provider Toolkit** at **emblemhealth.com**. Providers may also call OrthoNet Provider Services at **1-844-730-8503** to request forms.

What is the transition of care process for members who will start treatment on or after November 16, 2015?

If members are scheduled for a procedure on or after November 16, 2015, and that procedure requires prior approval, the approval must be granted by OrthoNet before treatment begins. Any claim received by EmblemHealth that does not include the appropriate prior approval will be denied.

Prior approvals for members currently undergoing a course of treatment that began **prior to** November 16, 2015 may continue treatment under the existing prior approval until it expires.

When can providers begin to contact OrthoNet for prior approvals?

OrthoNet will begin accepting prior approval requests on Monday, November 9, 2015 for dates of service on and after November 16, 2015.

How do providers submit claims for approved services?

OrthoNet has only been engaged to oversee utilization management. Providers should continue to submit claims to EmblemHealth. Instructions for submitting claims are available in the Claims section of the **EmblemHealth Provider Manual**.

Note: Claims submitted without the required prior approval will be denied.

How do providers request a peer-to-peer review?

For Commercial and Medicaid members, providers may ask for a reconsideration or peer-to-peer discussion upon receipt of the notice of a denial of service from OrthoNet. Providers may also contact OrthoNet's Customer Service department at **1-844-730-8503.**

For Medicare members, providers may request a peer -to-peer discussion, but the decision cannot be changed. However, providers may request a "Re-Open," which must be submitted in writing to OrthoNet with the additional clinical information the provider would like OrthoNet to review. Written requests must be faxed to OrthoNet at**1-844-296-4440**.

How do providers file an appeal?

All commercial and Medicaid member appeals will be reviewed by OrthoNet. If a provider still disagrees with the decision, the provider may exercise his/her rights as outlined in the adverse determination notice.

For Medicare, the member, or practitioner on behalf of the member, may file a clinical appeal with EmblemHealth in accordance with the instructions that accompany the denial.

Where do providers send appeals?

A prior approval request that is denied by OrthoNet for spine surgery and pain management therapies may be appealed through OrthoNet.

Provider appeals should be mailed to OrthoNet at the following address:

OrthoNet
EmblemHealth Appeals
P.O. Box 5046
White Plains, NY 10602-5046
Fax: **1-844-296-4440**

Where can providers find more information?

For additional information, consult the OrthoNet chapter of the **EmblemHealth Provider Manual** or contact OrthoNet directly using one of the options provided below. To ask additional questions, you may sign in to use the Message Center at **emblemhealth.com**. Select "General Information" from the drop down menu on the "Ask a Question" page.

EmblemHealth Spine Surgery and Pain Management Therapies Program Guide Key Contact Information	
OrthoNet Customer Service	**1-844-730-8503**
OrthoNet Fax Number:	**1-844-296-4440**
OrthoNet website:	**orthonet-online.com/provider.html**

Spine Surgery and Spinal Pain Management Therapy Procedure Codes

The following spine surgery and pain management procedure therapy codes require prior approval for both inpatient and outpatient procedures and therapies as part of this Program.

TYPE OF PROCEDURE	CPT/HCPCS CODES	ICD-9 PROCEDURE/ AGNOSISCODES	ICD 10 PROCEDURE /DIAGNOSIS CODES
Spinal Fusion	0195T, 0196T, 0309T, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22851, 22852	81.0, 81.00, 81.02, 81.03, 81.04, 81.05, 81.06, 81.07, 81.08, 81.62	0RG0070, 0RG0071, 0RG007J, 0RG00J0, 0RG00J1, 0RG00JJ, 0RG00K0, 0RG00K1, 0RG00KJ, 0RG00Z0, 0RG00Z1, 0RG00ZJ, 0RG0370, 0RG0371, 0RG037J, 0RG03J0, 0RG03J1, 0RG03JJ, 0RG03K0, 0RG03K1, 0RG03KJ, 0RG03Z0, 0RG03Z1, 0RG03ZJ, 0RG0470, 0RG0471, 0RG047J, 0RG04J0, 0RG04J1, 0RG04JJ, 0RG04K0, 0RG04K1, 0RG04KJ, 0RG04Z0, 0RG04Z1, 0RG04ZJ, 0RG1070, 0RG1071, 0RG107J, 0RG10J0, 0RG10J1, 0RG10JJ, 0RG10K0, 0RG10K1, 0RG10KJ, 0RG10Z0, 0RG10Z1, 0RG10ZJ, 0RG1370, 0RG1371, 0RG137J, 0RG13J0, 0RG13J1, 0RG13JJ, 0RG13K0, 0RG13K1, 0RG13KJ, 0RG13Z0, 0RG13Z1, 0RG13ZJ, 0RG1470, 0RG1471, 0RG147J, 0RG14J0, 0RG14J1, 0RG14JJ, 0RG14K0, 0RG14K1, 0RG14KJ, 0RG14Z0, 0RG14Z1, 0RG14ZJ, 0RG4070, 0RG4071, 0RG407J, 0RG40J0, 0RG40J1, 0RG40JJ, 0RG40K0, 0RG40K1, 0RG40KJ, 0RG40Z0, 0RG40Z1, 0RG40ZJ, 0RG4370, 0RG4371, 0RG437J, 0RG43J0, 0RG43J1, 0RG43JJ, 0RG43K0, 0RG43K1, 0RG43KJ, 0RG43Z0, 0RG43Z1, 0RG43ZJ, 0RG4470, 0RG4471, 0RG447J, 0RG44J0, 0RG44J1, 0RG44JJ, 0RG44K0, 0RG44K1, 0RG44KJ, 0RG44Z0, 0RG44Z1, 0RG44ZJ, 0RG6070, 0RG6071, 0RG607J, 0RG60J0, 0RG60J1, 0RG60JJ, 0RG60K0, 0RG60K1, 0RG60KJ, 0RG60Z0, 0RG60Z1, 0RG60ZJ, 0RG6370, 0RG6371, 0RG637J, 0RG63J0, 0RG63J1, 0RG63JJ, 0RG63K0, 0RG63K1, 0RG63KJ, 0RG63Z0, 0RG63Z1, 0RG63ZJ, 0RG6470, 0RG6471, 0RG647J, 0RG64J0, 0RG64J1, 0RG64JJ, 0RG64K0, 0RG64K1, 0RG64KJ, 0RG64Z0, 0RG64Z1, 0RG64ZJ, 0RGA070, 0RGA071, 0RGA07J, 0RGA0J0, 0RGA0J1, 0RGA0JJ, 0RGA0K0, 0RGA0K1, 0RGA0KJ, 0RGA0Z0, 0RGA0Z1, 0RGA0ZJ, 0RGA370, 0RGA371, 0RGA37J, 0RGA3J0, 0RGA3J1, 0RGA3JJ, 0RGA3K0, 0RGA3K1, 0RGA3KJ, 0RGA3Z0, 0RGA3Z1, 0RGA3ZJ, 0RGA470, 0RGA471, 0RGA47J, 0RGA4J0, 0RGA4J1, 0RGA4JJ, 0RGA4K0, 0RGA4K1, 0RGA4KJ, 0RGA4Z0, 0RGA4Z1, 0RGA4ZJ, 0SG0070, 0SG0071, 0SG007J, 0SG00J0, 0SG00J1, 0SG00JJ, 0SG00K0, 0SG00K1, 0SG00KJ, 0SG00Z0, 0SG00Z1, 0SG00ZJ, 0SG0370, 0SG0371, 0SG037J, 0SG03J0, 0SG03J1, 0SG03JJ, 0SG03K0, 0SG03K1, 0SG03KJ, 0SG03Z0, 0SG03Z1, 0SG03ZJ, 0SG0470, 0SG0471, 0SG047J, 0SG04J0, 0SG04J1, 0SG04JJ, 0SG04K0, 0SG04K1, 0SG04KJ, 0SG04Z0, 0SG04Z1, 0SG04ZJ, 0SG3070, 0SG3071, 0SG307J, 0SG30J0, 0SG30J1, 0SG30JJ, 0SG30K0, 0SG30K1, 0SG30KJ, 0SG30Z0, 0SG30Z1, 0SG30ZJ, 0SG3370, 0SG3371, 0SG337J, 0SG33J0, 0SG33J1, 0SG33JJ, 0SG33K0, 0SG33K1, 0SG33KJ, 0SG33Z0, 0SG33Z1, 0SG33ZJ, 0SG3470, 0SG3471, 0SG347J, 0SG34J0, 0SG34J1, 0SG34JJ, 0SG34K0, 0SG34K1, 0SG34KJ, 0SG34Z0, 0SG34Z1, 0SG34ZJ, 0SG504Z, 0SG507Z, 0SG50JZ, 0SG50KZ, 0SG50ZZ, 0SG534Z, 0SG537Z, 0SG53JZ, 0SG53KZ, 0SG53ZZ, 0SG544Z, 0SG547Z, 0SG54JZ, 0SG54KZ, 0SG54ZZ0SG604Z, 0SG607Z, 0SG60JZ, 0SG60KZ, 0SG60ZZ, 0SG634Z, 0SG637Z, 0SG63JZ, 0SG63KZ, 0SG63ZZ, 0SG644Z, 0SG647Z, 0SG64JZ, 0SG64KZ, 0SG64ZZ, 0RG1070, 0RG10A0, 0RG10J0, 0RG10K0, 0RG10Z0, 0RG1370, 0RG13A0, 0RG13J0, 0RG13K00RG13Z0, 0RG1470, 0RG14A0, 0RG14J0, 0RG14K0, 0RG14Z0, 0RG2070, 0RG20J0, 0RG20K0, 0RG20Z0, 0RG2370, 0RG23A0, 0RG23J0, 0RG23K0, 0RG23Z0, 0RG2470, 0RG24A0, 0RG24J0, 0RG24K0, 0RG24Z0, 0RG4070, 0RG40A0, 0RG40J0, 0RG40K0

TYPE OF PROCEDURE	CPT/HCPCS CODES	ICD-9 PROCEDURE/ AGNOSISCODES	ICD 10 PROCEDURE /DIAGNOSIS CODES
Spinal Fusion (continued)			0RG40Z0, 0RG4370, 0RG43A0, 0RG43J0, 0RG43K0, 0RG43Z0, 0RG4470, 0RG44A0, 0RG44J0, 0RG44K0, 0RG44Z0, 0RG1071, 0RG107J, 0RG10A1, 0RG10AJ, 0RG10J1, 0RG10JJ, 0RG10K1, 0RG10KJ, 0RG10Z1, 0RG10ZJ, 0RG1371, 0RG137J, 0RG13A1, 0RG13AJ, 0RG13J1, 0RG13JJ, 0RG13K1, 0RG13KJ, 0RG13Z1, 0RG13ZJ, 0RG1471, 0RG147J, 0RG14A1, 0RG14AJ, 0RG14J1, 0RG14JJ, 0RG14K1, 0RG14KJ, 0RG14Z1, 0RG14ZJ, 0RG2071, 0RG207J, 0RG20A1, 0RG20AJ, 0RG20J1, 0RG20JJ, 0RG20K1, 0RG20KJ, 0RG20Z1, 0RG2371, 0RG237J, 0RG23A1, 0RG23AJ, 0RG23J1, 0RG23JJ, 0RG23K1, 0RG23KJ, 0RG23Z1, 0RG23ZJ, 0RG2471, 0RG247J, 0RG24A1, 0RG24AJ, 0RG24J1, 0RG24JJ, 0RG24K1, 0RG24KJ, 0RG24Z1, 0RG24ZJ, 0RG4071, 0RG407J, 0RG40A1, 0RG40AJ, 0RG40J1, 0RG40JJ, 0RG40K1, 0RG40KJ, 0RG40Z1, 0RG40ZJ, 0RG4371, 0RG437J, 0RG43A1, 0RG43AJ, 0RG43J1, 0RG43JJ, 0RG43K1, 0RG43KJ, 0RG43Z1, 0RG43ZJ, 0RG4471, 0RG447J, 0RG44A1, 0RG44AJ, 0RG44J1, 0RG44JJ, 0RG44K1, 0RG44KJ, 0RG44Z1, 0RG44ZJ, 0RG6070, 0RG60A0, 0RG60J0, 0RG60K0, 0RG60Z0, 0RG6370, 0RG63A0, 0RG63J0, 0RG63K0, 0RG63Z0, 0RG6470, 0RG64A0, 0RG64J0, 0RG64K0, 0RG64Z0, 0RG70A0, 0RG7370, 0RG73A0, 0RG73K0, 0RG7470 0RG74A0, 0RG74J0, 0RG74K0, 0RG8070, 0RG80A0, 0RG80J0, 0RG80K0, 0RG8370, 0RG83A0, 0RG83J0, 0RG83K0, 0RG8470, 0RG84A0, 0RG84J0, 0RG84K0, 0RGA070, 0RGA0A0, 0RGA0J0, 0RGA0K0, 0RGA0Z0, 0RGA370, 0RGA3A0, 0RGA3J0, 0RGA3K0, 0RGA3Z0, 0RGA470, 0RGA4A0, 0RGA4J0, 0RGA4K0, 0RGA4Z0, 0RG6071, 0RG607J, 0RG60A1, 0RG60AJ, 0RG60J1, 0RG60JJ, 0RG60K1, 0RG60KJ, 0RG60Z1, 0RG60ZJ, 0RG6371, 0RG637J, 0RG63A1, 0RG63AJ, 0RG63J1, 0RG63JJ, 0RG63K1, 0RG63KJ, 0RG63Z1, 0RG63ZJ, 0RG6471, 0RG647J, 0RG64A1, 0RG64AJ, 0RG64J1, 0RG64JJ, 0RG64K1, 0RG64KJ, 0RG64Z1, 0RG64ZJ, 0RG7071, 0RG707J, 0RG70A1, 0RG70AJ, 0RG70J1, 0RG70JJ, 0RG70K1, 0RG70KJ, 0RG70Z1, 0RG70ZJ, 0RG7371, 0RG737J, 0RG73A1, 0RG73AJ, 0RG73J1, 0RG73JJ, 0RG73K1, 0RG73KJ, 0RG73Z1, 0RG73ZJ, 0RG7471, 0RG747J, 0RG74A1, 0RG74AJ, 0RG74J1, 0RG74JJ, 0RG74K1, 0RG74KJ, 0RG74Z1, 0RG74ZJ, 0RG8071, 0RG807J, 0RG80A1, 0RG80AJ, 0RG80J1, 0RG80JJ, 0RG80K1, 0RG80KJ, 0RG80Z1, 0RG80ZJ, 0RG8371, 0RG837J, 0RG83A1, 0RG83AJ, 0RG83J1, 0RG83JJ, 0RG83K1, 0RG83KJ, 0RG83Z1, 0RG83ZJ, 0RG8471, 0RG847J, 0RG84A1, 0RG84AJ, 0RG84J1, 0RG84JJ, 0RG84K1, 0RG84KJ, 0RG84Z1, 0RG84ZJ, 0RGA071, 0RGA07J, 0RGA0A1, 0RGA0AJ, 0RGA0J1, 0RGA0JJ, 0RGA0K1, 0RGA0KJ, 0RGA0Z1, 0RGA0ZJ, 0RGA371, 0RGA37J, 0RGA3A1, 0RGA3AJ, 0RGA3J1, 0RGA3JJ, 0RGA3K1, 0RGA3KJ, 0RGA3Z1, 0RGA3ZJ, 0RGA471, 0RGA47J, 0RGA4A1, 0RGA4AJ, 0RGA4J1, 0RGA4JJ, 0RGA4K1, 0RGA4KJ, 0RGA4Z1, 0RGA4ZJ, 0SG0070, 0SG00A0, 0SG00J0, 0SG00K0, 0SG00Z0, 0SG0370, 0SG03A0, 0SG03J0, 0SG03K0, 0SG03Z0, 0SG0470, 0SG04A0, 0SG04J0, 0SG04K0, 0SG04Z0, 0SG1070, 0SG10A0, 0SG10J0, 0SG10K0, 0SG10Z0, 0SG1370, 0SG13A0, 0SG13J0, 0SG13K0, 0SG13Z0, 0SG1470, 0SG14A0, 0SG14J0, 0SG14K0, 0SG14Z0, 0SG3070, 0SG30A0, 0SG30J0, 0SG30K0, 0SG30Z0, 0SG3370, 0SG33A0, 0SG33J0, 0SG33K0, 0SG33Z0, 0SG3470, 0SG34A0, 0SG34J0, 0SG34K0, 0SG34Z0, 0SG0071, 0SG00A1, 0SG00J1, 0SG00K1, 0SG00Z1, 0SG0371, 0SG03A1, 0SG03J1, 0SG03K1, 0SG03Z1, 0SG0471, 0SG04A1, 0SG04J1, 0SG04K1, 0SG04Z1, 0SG1071, 0SG10A1, 0SG10J1, 0SG10K1, 0SG10Z1, 0SG1371, 0SG13A1, 0SG13J1, 0SG34ZJ

TYPE OF PROCEDURE	CPT/HCPCS CODES	ICD-9 PROCEDURE/ AGNOSISCODES	ICD 10 PROCEDURE /DIAGNOSIS CODES
Decompression Surgery	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, S2350, S2351	03.0, 03.01, 03.02, 03.09, 03.3, 03.31, 03.32, 03.39, 03.4, 03.5, 03.51, 03.52, 03.59, 03.6, 03.8, 84.51, 84.52, 84.55, 84.59, 84.8, 84.81, 84.82, 84.83, 84.84, 84.85	00C30ZZ, 00C33ZZ, 00C34ZZ, 00CT0ZZ, 00CT3ZZ, 00CT4ZZ, 00CW0ZZ, 00CW3ZZ, 00CW4ZZ, 00CX0ZZ, 00CX3ZZ, 00CX4ZZ, 00CY0ZZ, 00CY3ZZ, 00CY4ZZ, 00JU0ZZ, 00JV0ZZ, 009T00Z, 009T0ZZ, 009T30Z, 009T3ZZ, 009T40Z, 009T4ZZ, 009U00Z, 009U0ZZ, 009W00Z, 009W0ZZ, 009W30Z, 009W3ZZ, 009W40Z, 009W4ZZ, 009X00Z, 009X0ZZ, 009X30Z, 009X3ZZ, 009X40Z, 009X4ZZ, 009Y00Z, 009Y0ZZ, 009Y30Z, 009Y3ZZ, 009Y40Z, 009Y4ZZ, 00JU0ZZ, 00JV0ZZ, 00NW0ZZ, 00NW3ZZ, 00NW4ZZ, 00NX0ZZ, 00NX3ZZ, 00NX4ZZ, 00NY0ZZ, 00NY3ZZ, 00NY4ZZ, 0RB00ZZ, 0RB03ZZ, 0RB04ZZ, 0RB10ZZ, 0RB13ZZ, 0RB14ZZ, 0RB40ZZ, 0RB43ZZ, 0RB44ZZ, 0RB60ZZ, 0RB63ZZ, 0RB64ZZ, 0RBA0ZZ, 0RBA3ZZ, 0RBA4ZZ, 0SB00ZZ, 0SB03ZZ, 0SB04ZZ, 0SB30ZZ, 0SB33ZZ, 0SB34ZZ, 0SB50ZZ, 0SB53ZZ, 0SB54ZZ, 0SB60ZZ, 0SB63ZZ, 0SB64ZZ, 0SB70ZZ, 0SB73ZZ, 0SB74ZZ, 0SB80ZZ, 0SB83ZZ, 0SB84ZZ, 009U30Z, 009U3ZZ, 009U40Z, 009U4ZZ, 009T0ZX, 009T3ZX, 009T4ZX, 009U0ZX, 009U3ZX, 009U4ZX, 009W0ZX, 009W3ZX, 009W4ZX, 009X0ZX, 009X3ZX, 009X4ZX, 009Y0ZX, 009Y3ZX, 009Y4ZX, 00BT0ZX, 00BT3ZX, 00BT4ZX, 00BW0ZX, 00BW3ZX, 00BW4ZX, 00BX0ZX, 00BX3ZX, 00BX4ZX, 00BY0ZX, 00BY3ZX, 00BY4ZX, 00JU3ZZ, 00JU4ZZ, 00JV3ZZ, 00JV4ZZ, 005T0ZZ, 005T3ZZ, 005T4ZZ, 005W0ZZ, 005W3ZZ, 005W4ZZ, 005X0Z Z, 005X3ZZ, 005X4ZZ, 005Y0ZZ, 005Y3Z, Z, 005Y4ZZ, 00BT0ZZ, 00BT3ZZ, 00BT4ZZ, 00BW0ZZ, 00BW3ZZ, 00BW4ZZ, 00BX0ZZ, 00BX3ZZ, 00BX4ZZ, 00BY0ZZ, 00BY3ZZ, 00BY4ZZ, 005T0ZZ, 005T3ZZ, 005T4ZZ, 00QT0ZZ, 00QT3ZZ, 00QT4ZZ, 00QW0ZZ, 00QW3ZZ, 00QW4ZZ, 00Q X0ZZ, 00QX3ZZ, 00QX4ZZ, 00QY0ZZ, 00QY3ZZ, 00QY4ZZ, 00NW0ZZ, 00NW3ZZ, 00NW4, ZZ, 00NX0ZZ, 00NX3ZZ, 00NX4ZZ, 00NY0ZZ, 00NY3ZZ, 00NY4ZZ, 3E0R3TZ, 3E0S3TZ, 0RG00A0, 0RG00A1, 0RG00AJ, 0RG03A0, 0RG03A1, 0RG03AJ, 0RG04A0, 0RG04A1, 0RG04AJ, 0RG10A0, 0RG10A1, 0RG10AJ, 0RG13A0, 0RG13A1, 0RG13AJ, 0RG14A0, 0RG14A1, 0RG14AJ, 0RG20A0, 0RG20A1, 0RG20AJ, 0RG23A0, 0RG23A1, 0RG23AJ, 0RG24A0, 0RG24A1, 0RG24AJ, 0RG40A0, 0RG40A1, 0RG40AJ, 0RG43A0, 0RG43A1, 0RG43AJ, 0RG44A0, 0RG44A1, 0RG44AJ, 0RG60A0, 0RG60A1, 0RG60AJ, 0RG63A0, 0RG63A1, 0RG63AJ, 0RG64A0, 0RG64A1, 0RG64AJ, 0RG70A0, 0RG70A1, 0RG70AJ, 0RG73A0, 0RG73A1, 0RG73AJ, 0RG74A0, 0RG74A1, 0RG74AJ, 0RG80A0, 0RG80A1 0RG80AJ, 0RG83A0, 0RG83A1, 0RG83AJ, 0RG84A0, 0RG84A1, 0RG84AJ, 0RGA0A0, 0RGA0A1, 0RGA0AJ, 0RGA3A0, 0RGA3A1, 0RGA3AJ, 0RGA4A0, 0RGA4A1, 0RGA4AJ, 0SG00A0, 0SG00A1, 0SG00AJ, 0SG03A0, 0SG03A1, 0SG03AJ, 0SG04A0, 0SG04A1, 0SG04AJ, 0SG10A0, 0SG10A1, 0SG10AJ, 0SG13A0, 0SG13A1 0SG13AJ, 0SG14A0, 0SG14A1, 0SG14AJ, 0SG30A0, 0SG30A1, 0SG30AJ, 0SG33A0 0SG33A1, 0SG33AJ, 0SG34A0, 0SG34A1, 0SG34AJ, 3E0U0GB, 3E0U3GB, 3E0V0GB, 3E0V3GB, 3E0V3GC, 0RH00DZ, 0RH03DZ, 0RH04DZ, 0RH10DZ, 0RH13DZ, 0RH14DZ, 0RH40DZ, 0RH43DZ, 0RH44DZ, 0RH60DZ, 0RH63DZ, 0RH64DZ, 0RHA0DZ, 0RHA3DZ, 0RHA4DZ, 0RU00JZ, 0RU03JZ, 0RU04JZ, 0RU10JZ, 0RU13JZ, 0RU14JZ, 0RU40JZ, 0RU43JZ, 0RU44JZ, 0RU50JZ, 0RU53JZ, 0RU54JZ, 0RU60JZ, 0RU63JZ, 0RU64JZ, 0RUA0JZ, 0RUA3JZ, 0RUA4JZ, 0SH00DZ, 0SH03DZ, 0SH04DZ, 0SH30DZ, 0SH33DZ, 0SH34DZ, 0SU00JZ, 0SU03JZ, 0SU04JZ, 0SU30JZ, 0SU33JZ, 0SU34JZ, 0SU50JZ, 0SU53JZ, 0SU54JZ, 0SU60JZ, 0SU63JZ, 0SU64JZ, 0RH00BZ, 0RH03BZ, 0RH04BZ, 0RH10BZ, 0RH13BZ, 0RH14BZ, 0RH40BZ, 0RH43BZ, 0RH44BZ, 0RH60BZ, 0RH63BZ, 0RH64BZ, 0RHA0BZ, 0RHA3BZ, 0RHA4BZ, 0SH00BZ, 0SH03BZ, 0SH04BZ, 0SH30BZ, 0SH33BZ, 0SH34BZ, 0RW004Z, 0RW034Z, 0RW044Z, 0RW104Z, 0RW134Z, 0RW144Z, 0RW404Z, 0RW434Z, 0RW444Z, 0RW604Z, 0RW634Z, 0RW644Z, 0RWA04Z, 0RWA34Z, 0RWA44Z, 0SW004Z, 0SW034Z, 0SW044Z, 0SW304Z, 0SW334Z, 0SW344Z, 0RH00CZ, 0RH03CZ, 0RH04CZ, 0RH10CZ, 0RH13CZ, 0RH14CZ, 0RH40CZ, 0RH43CZ, 0RH44CZ, 0RH60CZ, 0RH63CZ, 0RH64CZ, 0RHA0CZ, 0RHA3CZ, 0RHA4CZ, 0SH00CZ, 0SH03CZ, 0SH04CZ, 0SH30CZ, 0SH33CZ, 0SH34CZ, 0RW004Z, 0RW034Z, 0RW044Z, 0RW104Z, 0RW134Z, 0RW144Z, 0RW404Z, 0RW434Z, 0RW444Z, 0RW604Z, 0RW634Z, 0RW644Z, 0RWA04Z, 0RWA34Z, 0RWA44Z, 0SW004Z

TYPE OF PROCEDURE	CPT/HCPCS CODES	ICD-9 PROCEDURE/ AGNOSISCODES	ICD 10 PROCEDURE /DIAGNOSIS CODES
Decompression Surgery (continued)			0SW034Z, 0SW044Z, 0SW304Z, 0SW334Z, 0SW344Z, 0RH00DZ, 0RH03DZ, 0RH04DZ, 0RH10DZ, 0RH13DZ, 0RH14DZ, 0RH40DZ, 0RH43DZ, 0RH44DZ, 0RH60DZ, 0RH63DZ, 0RH64DZ, 0RHA0DZ, 0RHA3DZ, 0RHA4DZ, 0SH00DZ, 0SH03DZ, 0SH04DZ, 0SH30DZ, 0SH33DZ, 0SH34DZ, 0RW00JZ, 0RW03JZ, 0RW04JZ, 0RW10JZ, 0RW13JZ, 0RW14JZ, 0RW40JZ, 0RW43JZ, 0RW44JZ, 0RW60JZ, 0RW63JZ, 0RW64JZ, 0RWA0JZ, 0RWA3JZ, 0RWA4JZ, 0SW00JZ, 0SW03JZ, 0SW04JZ, 0SW30JZ, 0SW33JZ, 0SW34JZ
Kyphoplasty	22523, 22524, 22525 22520, 22521, 22522, S2360,	81.66 81.65	0PS33ZZ, 0PS43ZZ, 0QS03ZZ, 0QS13ZZ, 0QSS3ZZ
Vertebroplasty	S2361, 22310, 22315, 22325, 22326, 22327, 22510 22512, 22513, 22514, 22515		0PU33JZ, 0PU34JZ, 0PU43JZ, 0PU44JZ, 0QU03JZ, 0QU04JZ, 0QU13JZ, 0QU14JZ
Epidural Injections	62310, 62311, 64479, 64480, 64483, 64484		Intentionally left blank – Listed CPT codes always require Prior Approval
Facet Injections	64490, 64491, 64492, 64493, 64494, 64495		Intentionally left blank – Listed CPT codes always require Prior Approval
Spinal Cord Stimulator	0282T, 0283T, 0284T, 0285T, 63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688	03.93, 86.94, 86.95, 86.96, 86.97, 86.98	00HU0MZ, 00HU3MZ, 00HU4MZ, 00HV0MZ, 00HV3MZ, 00HV4MZ, 0JH60BZ, 0JH63BZ, 0JH70BZ, 0JH73BZ, 0JH80BZ, 0JH83BZ, 0JH60DZ, 0JH63DZ, 0JH70DZ, 0JH73DZ, 0JH80DZ, 0JH83DZ, 0JH60MZ, 0JH63MZ, 0JH70MZ, 0JH73MZ, 0JH80MZ, 0JH83MZ, 0JH60CZ, 0JH63CZ, 0JH70CZ, 0JH73CZ, 0JH80CZ, 0JH83CZ, 0JH60EZ, 0JH63EZ, 0JH70EZ, 0JH73EZ, 0JH80EZ, 0JH83EZ
Pain Pump	62318, 62355, 62365 62319, 62360, 62350, 62361, 62351, 62362,	86.06	07HK03Z, 07HK33Z, 07HK43Z, 07HL03Z, 07HL33Z, 07HL43Z, 07HM03Z, 07HM33Z, 07HM43Z, 07HN03Z, 07HN33Z, 07HN43Z, 07HP03Z, 07HP33Z, 07HP43Z, 0FH003Z, 0FH033Z, 0FH043Z, 0FH103Z, 0FH133Z, 0FH143Z, 0FH203Z, 0FH233Z, 0FH243Z, 0FH403Z, 0FH433Z, 0FH443Z, 0FHB03Z, 0FHB33Z, 0FHB43Z, 0FHB73Z, 0FHB83Z, 0FHD03Z, 0FHD33Z, 0FHD43Z, 0FHD73Z, 0FHD83Z, 0FHG03Z, 0FHG33Z, 0FHG43Z, 0JH60VZ, 0JH63VZ, 0JH70VZ, 0JH73VZ, 0JH80VZ, 0JH83VZ, 0JHD0VZ, 0JHD3VZ, 0JHF0VZ, 0JHF3VZ, 0JHG0VZ, 0JHG3VZ, 0JHH0VZ, 0JHH3VZ, 0JHL0VZ, 0JHL3VZ, 0JHM0VZ, 0JHM3VZ, 0JHN0VZ, 0JHN3VZ, 0JHP0VZ, 0JHP3VZ, 0JHS03Z, 0JHS33Z, 0JHT03Z, 0JHT0VZ, 0JHT33Z, 0JHT3VZ, 0JHV03Z, 0JHV33Z, 0JHW03Z, 0JHW33Z, 0RH003Z, 0RH033Z, 0RH043Z, 0RH103Z, 0RH133Z, 0RH143Z, 0RH303Z, 0RH333Z, 0RH343Z, 0RH403Z, 0RH433Z, 0RH443Z, 0RH503Z, 0RH533Z, 0RH543Z, 0RH603Z, 0RH633Z, 0RH643Z, 0RH903Z, 0RH933Z, 0RH943Z, 0RHA03Z, 0RHA33Z, 0RHA43Z, 0RHB03Z, 0RHB33Z, 0RHB43Z, 0RHE03Z, 0RHE33Z, 0RHE43Z, 0RHF03Z, 0RHF33Z, 0RHF43Z, 0RHG03Z, 0RHG33Z, 0RHG43Z, 0RHH03Z, 0RHH33Z, 0RHH43Z, 0RHJ03Z, 0RHJ33Z, 0RHJ43Z, 0RHK03Z, 0RHK33Z, 0RHK43Z, 0RHL03Z, 0RHL33Z, 0RHL43Z, 0RHM03Z, 0RHM33Z, 0RHM43Z, 0RHN03Z, 0RHN33Z, 0RHN43Z, 0RHP03Z, 0RHP33Z, 0RHP43Z, 0RHQ03Z, 0RHQ33Z, 0RHQ43Z, 0RHR03Z, 0RHR33Z, 0RHR43Z, 0RHS03Z, 0RHS33Z, 0RHS43Z, 0RHT03Z, 0RHT33Z, 0RHT43Z, 0RHU03Z, 0RHU33Z, 0RHU43Z, 0RHV03Z, 0RHV33Z, 0RHV43Z, 0RHW03Z, 0RHW33Z, 0RHW43Z, 0RHX03Z, 0RHX33Z, 0SHD33Z, 0SHD43Z, 0SHF03Z, 0SHF33Z, 0SHF43Z, 0SHG03Z, 0SHG33Z, 0SHG43Z, 0SHH03Z, 0SHH33Z, 0SHH43Z, 0SHJ03Z, 0SHJ33Z, 0SHJ43Z, 0SHK03Z, 0SHK33Z, 0SHK43Z, 0SHL03Z, 0SHL33Z, 0SHL43Z, 0SHM03Z, 0SHM33Z, 0SHM43Z, 0SHN03Z, 0SHN33Z, 0SHN43Z, 0SHP03Z, 0SHP33Z, 0SHP43Z, 0SHQ03Z, 0SHQ33Z, 0SHQ43Z, 0TH503Z, 0TH533Z, 0TH543Z, 0TH573Z, 0TH583Z, 0TH903Z, 0TH933Z, 0TH943Z, 0TH973Z, 0TH983Z, 0THB03Z, 0THB33Z, 0THB43Z, 0THB73Z, 0THB83Z, 0THD03Z, 0THD33Z, 0THD43Z, 0THD73Z, 0THD83Z, 0THDX3Z, 0UH303Z, 0UH333Z, 0UH343Z,

TYPE OF PROCEDURE	CPT/HCPCS CODES	ICD-9 PROCEDURE/ AGNOSISCODES	ICD 10 PROCEDURE /DIAGNOSIS CODES
Pain Pump			0UH803Z, 0UH833Z, 0UH843Z, 0UH873Z, 0UH883Z, 0VH403Z, 0VH433Z, 0VH443Z, 0VH473Z, 0VH483Z, 0VH803Z, 0VH833Z, 0VH843Z, 0VH873Z, 0VH883Z, 0VHD03Z, 0VHD33Z, 0VHD43Z, 0VHD73Z, 0VHD83Z, 0VHM03Z, 0VHM33Z, 0VHM43Z, 0VHM73Z, 0VHM83Z, 0VHR03Z, 0VHR33Z, 0VHR43Z, 0VHR73Z, 0VHR83Z, 0VHS03Z, 0VHS33Z, 0VHS43Z, 0VHSX3Z
		Please note, Pain Pumps are only eligible for coverage they when are billed in conjunction with the following diagnosis codes: 721.*-724.*, 338.1, 338.2, 338.4	M47.011, M47.012, M47.013, M47.014, M47.015, M47.016, M47.019, M47.021, M47.022, M47.029, M50.20, M50.21, M50.22, M50.23, M51.26, M51.27, M51.24, M51.25, M51.9, M51.9, M51.44, M51.45, M51.46, M51.47, M51.9, M50.30, M50.31, M50.32, M50.33, M51.34, M51.35, M51.36, M51.37, M51.34, M51.35, M51.36, M51.37, M51.9, M50.00, M50.01, M50.02, M50.03, M51.04, M51.05, M51.06, M96.1, M96.1, M96.1, M96.1, M46.40, M46.48, M46.49, M51.9, M46.41, M46.42, M46.43, M50.10, M50.11, M50.12, M50.13, M50.80, M50.81, M50.82, M50.83, M50.90, M50.91, M50.92, M50.93, M46.44, M46.45, M51.84, M51.85, M46.46, M46.47, M51.86, M51.87, M48.01, M48.02, M48.03, M99.20, M99.21, M99.30, M99.31, M99.40, M99.41, M99.50 M99.51, M99.60, M99.61, M99.70, M99.71, M54.2, M53.0, M53.1, M54.11, M54.12, M54.13, M43.6, M54.00, M54.01, M54.02, M67.88, M53.81, M53.82, M53.83, M54.81, M53.82 M47.21, M47.22, M47.23, M47.811, M47.812, M47.813, M47.891, M47.892, M47.893, M47.11, M47.12, M47.13, M47.24, M47.25, M47.814, M47.815, M47.894, M47.895, M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897,
			M47.898, M47.14, M47.15, M47.16, M48.20, M48.21, M48.22, M48.23, M48.24, M48.25, M48.26, M48.27, M48.10, M48.11, M48.12, M48.13, M48.14, M48.15, M48.16, M48.17, M48.18, M48.19, M48.30, M48.31, M48.32, M48.33, M48.34, M48.35, M48.36, M48.37, M48.38, M25.78, M48.9, M47.20, M47.819, M47.899, M47.9, M47.10, M48.00, M48.04, M48.05, M99.22, M99.32, M99.42, M99.52, M99.62, M99.72, M48.06, M48.07, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M48.00, M48.08, M99.24, M99.25, M99.26, M99.27, M99.28, M99.29, M99.34, M99.35, M99.36, M99.37, M99.38, M99.39, M99.44, M99.45, M99.46, M99.47, M99.48, M99.49, M99.54, M99.55, M99.56, M99.57, M99.58, M99.59, M99.64, M99.65, M99.66, M99.67, M99.68, M99.69, M99.74, M99.75, M99.76, M99.77, M99.78, M99.79, M54.6, M54.5, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M51.14, M51.15, M51.16, M51.17, M54.14, M54.15, M54.16, M54.17, M54.5, M54.89, M54.9, M43.27, M43.28, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M53.3, M53.2X8, M53.3, M54.03, M54.04, M54.05, M54.06, M54.07, M54.08, M54.09, M62.830, M43.20, M43.21, M43.22, M43.23, M43.24, M43.25, M43.26, M43.27, M43.28, M43.8X9, M53.80, M53.83, M53.84, M53.85, M53.9
Other	22818, 22819, 22855, 22856, 22857, 22861, 22862, 22864, 22865		Intentionally left blank – Listed CPT codes always require Prior Approval

*Includes all codes within range.

EmblemHealth®