



AETNA BETTER HEALTH®

d/b/a Aetna Better Health of Louisiana

Policy

Policy Name:	<u>Spine Surgery Services</u>	Page:	1 of 12
Department:	<u>Medical Management</u>	Policy Number:	XXXX.XX*
Subsection:	<u>Utilization Management</u>	Effective Date:	05/XX/2022
Applies to:	■ <u>Medicaid</u>		

PURPOSE:

The purpose of this policy is to describe and provide guidance regarding Aetna Better Health's process for implementation of prior authorization requirements for all spinal surgical services. Spinal procedures for the treatment of spinal conditions are proven and medically necessary with certain qualifications and considerations in determining the medical necessity of spinal surgeries and treatments. This policy further defines additional spine codes now requiring authorization and provides definitions to the procedure descriptions.

STATEMENT OF OBJECTIVE:

The objective(s) of this policy is to describe:

- Benefit Coverage
- Documentation Requirements
- Claims Requirements
- Medical Necessity requirements
- Authorization requirements
- Monitor the use of services to identify utilization of spinal surgery services.

DEFINITIONS:

<u>Administrative Denial</u>	<u>Denial of requests for coverage of services or supplies that are not covered based on federal or state law. A contractual or benefit exclusion, limitation of exhaustion and do not require a clinician to interpret the contractual limitation or apply clinical judgement.</u>
<u>Aetna Medicaid Medical Management (MM) Chief Medical Officer</u>	<u>A full-time physician who is board certified with an active unencumbered license and who serves as the lead for the Aetna Medicaid MM unit.</u>
<u>Allograft</u>	<u>A tissue graft from a donor of the same species as the</u>



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	<u>recipient but not genetically identical.</u>
<u>Anterior Interbody Spinal Fusion (ALIF)</u>	<u>A surgery to treat disc problems in the spine. Fusion locks together two or more bones to stop painful motion and correct alignment. It involves removing the intervertebral disk utilizing an anterior or front approach to the spine through the abdominal region.</u>
<u>Arthrodesis</u>	<u>A surgical procedure to eliminate motion in a joint by providing a bony fusion. The procedure is used for several specific purposes: to relieve pain; to provide stability; to overcome postural deformity resulting from neurologic deficit; and to halt advancing disease.</u>
<u>Autograft</u>	<u>A type of donor bone removed from the patient's body in a separate incision, to use to fill in bony defects during a spinal procedure.</u>
<u>Cervical spine</u>	<u>The neck region of your spinal column or back gone. It is the first seven bones (C1-7).</u>
<u>Clinical Personnel</u>	<u>Clinical personnel are defined as nurses, social workers, counselors, therapists, psychologists, chiropractors, pharmacists, dentists (DDS and DMD), and physicians, including temporary employees, who make clinical determinations as part of the benefit determination process, or who participate in the medical management process.</u>
<u>Covered Services/Benefits</u>	<u>Those health care services/ benefits to which an individual eligible for Medicaid or CHIP is entitled under the Louisiana Medicaid State Plan.</u>
<u>Denial, Reduction, or Termination of Financial Responsibility</u>	<u>The non-authorization of care or service at the level requested based on either medical appropriateness or benefit coverage. Partial approvals (modifications) and decisions to discontinue authorization when the practitioner or member does not agree are also denials.</u>
<u>Decompression of the Spine</u>	<u>Provides gentle stretching of the spine that changes the force and position of the spine, taking pressure off the spinal disks</u>



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	<u>and allowing them to heal.</u>
<u>Degenerative Disk disease</u>	<u>Changes in the cushion between your vertebrae that take place as aging occurs, showing signs of wear and tear.</u>
<u>Disk or Disc</u>	<u>Gel-like cushions between the bones in your spine that help to protect the space between vertebrae to keep the spinal nerves in alignment.</u>
<u>Discectomy</u>	<u>Surgical removal of the damaged portion of a herniated disk in the spine.</u>
<u>Facetectomy</u>	<u>Removal of the Facet (the bony portion of the spinal column that sticks out) to relieve pain and pressure on the nerves of the spinal cord.</u>
<u>Fee for Service</u>	<u>A list of procedures by CPT codes, found on the Louisiana Department of Health website listing covered services.</u>
<u>Foraminotomy</u>	<u>A surgical procedure to enlarge the area around one of the bones in the spinal column to give more room for the nerve root to exit the spinal canal.</u>
<u>Herniated Disk</u>	<u>Some of the softer material inside the disk pushes out through a crack in the tough exterior. This can irritate or compress nearby nerves causing pain, numbness or weakness.</u>
<u>Incision and drainage (I&D)</u>	<u>A lancing or cutting to release pus or pressure built up under the skin or in an organ from an infection or abscess.</u>
<u>Instrumentation</u>	<u>Spinal devices or hardware made of titanium or stainless steel that are implanted into the spine to correctly align the spine, decreasing pain and increasing function.</u>
<u>Laminectomy</u>	<u>A surgery where a part or all of the vertebral bone or lamina is removed to ease pressure on the spinal cord or the nerve roots.</u>
<u>Louisiana Department of Health (LDH)</u>	<u>The Louisiana State division which monitors and manages health practices and opportunities in the state.</u>
<u>Lumbar Spine</u>	<u>Five vertebrae in the lower back that begins just below the thoracic region and ends at the top of the sacral spine.</u>
<u>MCG®</u>	<u>MCG, including Chronic Care Guidelines, are evidence-based</u>



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	<u>clinical guidelines that are updated annually. They support prospective, concurrent, and retrospective reviews; proactive care management; discharge planning; patient education, and quality initiatives.;</u>
<u>Medical Necessity Determination</u>	<u>A decision about coverage for a requested service based on whether the service is clinically appropriate and/or needed based on a member's circumstances. The National Committee for Quality Assurance (NCQA) requires a medical necessity review and appropriate practitioner review of "experimental" or investigational" requests unless the requested services or procedures are specifically excluded from the benefits plan.</u>
<u>Medically Necessary / Medical Necessity</u>	<u>This term refers to services or supplies for diagnosing, evaluating, treating, or preventing an injury, illness, condition, or disease, based on evidence-based clinical standards of care. Medically necessary services are accepted health care services and supplies provided by health care entities, appropriate to evaluation and treatment of a disease, condition, illness, or injury and consistent with the applicable standard of care. Determination of medical necessity is based on specific criteria.</u> <u>Note: This definition is based on the Centers for Medicare & Medicaid Services (CMS) and American College of Medical Quality (ACMQ) definitions.</u>
<u>Nerve Root</u>	<u>The part of the nerve that branches off from the spinal cord and exits between each vertebra, giving sensation and movement to different parts of the body.</u>
<u>Non-Covered Services</u>	<u>Services not covered under the Title XIX Louisiana State Medicaid Plan.</u>
<u>Notice of Action (NOA)</u>	<u>Written notification of decisions to deny a service authorization request or to authorize a service in an amount,</u>



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	<u>duration, or scope that is less than requested, specific to the member's clinical condition, utilizing language that is easily understood by the member and practitioner/provider. The notification includes a reference to the criterion, rationale for the decision and member appeal rights.</u>
<u>Osteotomy</u>	<u>The surgical cutting of a bone or removal of a piece of bone, reshaping the bone.</u>
<u>Peer-to-Peer Consultation</u>	<u>A discussion between a requesting practitioner and a medical director/physician reviewer concerning a denial of coverage based on medical necessity. The discussion may occur before or after the medical necessity decision. A peer-to-peer review is optional and is not part of or a prerequisite for an appeal.</u>
<u>Posterior Interbody Spinal Fusion</u>	<u>A surgery to fuse vertebrae segments in order to stop painful motion by entering through the back of the body.</u>
<u>Primary Care Practitioner (PCP)</u>	<u>An individual, such as a physician or other qualified practitioner, who provides primary care services and manages routine health care needs.</u>
<u>Pre-Service Decision</u>	<u>Any case or service that Aetna Better Health must approve, in whole or in part, in advance of the member obtaining medical care or services. Prior authorization is a pre-service or prospective decision.</u>
<u>Prior Authorization</u>	<u>Prior assessment that proposed services (such as</u>



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	<u>hospitalization) are appropriate for a particular patient and will be covered by Aetna Better Health. Payment for services depends on whether the patient and the category of service are covered by the member's benefit plan.</u>
<u>Propat</u>	<u>A computer program within Aetna that provides information on precertification requirements.</u>
<u>Provider</u>	<u>An institution or organization that provides services, such as a hospital, residential treatment center, home health agency or rehabilitation facility.</u>
<u>Spinal Cord</u>	<u>The cylindrical bundle of nerve fibers and associated tissue which is enclosed in the spine and connects nearly all parts of the body to the brain which forms the central nervous system giving movement and sensation to the body.</u>
<u>Spinal Fixation</u>	<u>Immobilization of the spine usually with metal implants such as screws, rods, plates or cages to restore alignment and provide stability.</u>
<u>Spinal fracture</u>	<u>A broken bone in the spine which is made up of vertebra stacked one on top of each other.</u>
<u>Spinal Fusion</u>	<u>A procedure on the spine to permanently connect two or more vertebrae in your spine restricting movement.</u>
<u>Spinal Instrumentation</u>	<u>Spinal implant devices or hardware (titanium, titanium-alloy</u>



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	<u>or stainless steel) to implant during surgery to stabilize the spine, preventing motion while fusion occurs between two or more vertebrae.</u>
<u>Spondylolisthesis</u>	<u>A condition in which one vertebra slips out of place onto the bone below it.</u>
<u>Thoracic spine</u>	<u>The middle portion of the spine in the thorax, comprised of twelve (12) vertebrae labeled T1 through T12 that form the spinal column.</u>
<u>Vertebra</u>	<u>Thirty-three (33) stacked circular bones down the back that hold and protect the spinal column, work to give structure, supporting the body and helping with movement.</u>

LEGAL/CONTRACT REFERENCE:

- 2020 Contract Louisiana Medicaid Managed Care Organization Statement of Work Section, 6.27
- 2022 Louisiana Department of Health Managed Care Organization Manual
- CMS FEDERAL REGISTRY 42 C.F.R- 438.3€(2)(i)-(iii)¹
- MCG Care Guidelines
- Aetna Clinical Policy Bulletin 0743- HTTP://WWW.AETNA.COM/CPB/MEDICAL DATA/700 799/0743.HTML

¹ 2020 Louisiana Medicaid Managed Care Organization State of Work Section 6.27.1; 42 C.F.R 438.3€ (2)(i)-(iii)



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FOCUS/DISPOSITION:

Responsibilities

Aetna Better Health offers spine treatments for degenerative and debilitating spine diseases.

Provider Responsibilities

- **Providers are required to provide clinical to meet medical necessity as defined by MCG criteria.**
- **Providers are required to request prior authorizations prior to rendered services.**
- **Providers are required to present a discharge plan.**

MCO Responsibilities

- **Aetna Better Health will review authorization requests and respond with a written or verbal decision with standard turn-around-times.**
- **Aetna Better Health will have a plan for identifying and reporting the utilization of spine procedures.**
- **Aetna Better Health will provide a copy of MCG criteria as requested by providers or members.**
- **Aetna will update the Aetna Propat program with current codes requiring precertification.**
- **Aetna will follow the Aetna Prior Authorization Policy for spine surgeries.**

Scope

- **Aetna Better Health will ensure that the services are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the services are furnished.²**

² **2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.5**



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- Aetna Better Health will not arbitrarily deny or reduce the amount, duration or scope of a required service because of diagnosis, type of illness or condition of the member.³
- Aetna Better Health may place appropriate limits on a service on the basis of certain criteria such as medical necessity or best practice for the purpose of utilization control, provided the service furnished can reasonably be expected to achieve their purpose; and for the purpose of utilization control, provided the services support members with ongoing or chronic conditions in a manner that reflects the member's ongoing need for such services and supports.⁴
- Aetna Better Health will cover medically necessary services that address:
 - The prevention, diagnosis and treatment of a member's disease, condition and/or disability;⁵
 - The ability for a member to achieve age-appropriate growth and development and⁶
 - The ability for members to attain, maintain or regain functional capacity.⁷
- Aetna Better Health will not restrict necessary service limitations more than currently exist under the Louisiana Medicaid State plan including quantitative and non-quantitative treatment limits.⁸

Expected Outcomes

- Optimal functional gains for members to promote maximum independence
- Appropriate medical utilization of spinal surgical interventions

Staff Qualifications, and Levels of Supervision (Administrative and Clinical) Required:

- Nursing staff reviewing prior authorization requests will have training in application of MCG criteria and will pass yearly IRR testing to confirm ability to appropriately apply criteria.

³ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.6

⁴ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.7

⁵ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.9.1

⁶ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.9.2

⁷ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.9.3

⁸ 2020 Louisiana Medicaid Managed Care Organization Statement of Work Section 6.1.9.10



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- Medical Directors will have training in MCG criteria and will pass yearly IRR testing to confirm ability to appropriately apply criteria.

Authorizations:

- Authorization Approvals will be faxed timely to the requesting providers.
- Denials will include a letter of Notification of Action (NOA to member and providers and will include an opportunity for a Peer-to-Peer discussion and an appeal.
- For Spine services, Aetna Better Health will provide coverage of services that is no more restrictive in amount, scope and duration than is covered in the Medicaid Fee-For-Service (FFS).⁹
- Compared with Medicaid FFS, the MCO has the flexibility to cover services in a greater amount, scope, or duration, or to an expanded patient group, if deemed medically necessary.¹⁰The MCO has the flexibility to reimburse for procedure codes not on the Medicaid FFS fee schedules when medically necessary.¹¹
- For those services not covered under the State Plan, the Contract identifies requirements for Spine services and value-added benefits that the MCO may offer.¹²

Fee Schedule:

Procedure CPT codes addressed in this policy can be found on the Louisiana Department of health Outpatient Hospital services and the Outpatient Ambulatory Services Fee for Service lists and in the Aetna Better Health Propat program.

⁹ 2022 Louisiana Medicaid Managed Care Organization Manual p. 25

¹⁰ 2022 Louisiana Medicaid Managed Care Organization Manual p.22

¹¹ 2022 Louisiana Medicaid Managed Care Organization Manual p.22

¹² 2022 Louisiana Medicaid Managed Care Organization Manual p.22



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OPERATING PROTOCOL:

Systems (examples)

The business application system has the capacity to electronically store and report all service authorization requests, decisions made by Aetna Better Health regarding the service requests, clinical data to support the decision, and timeframes for notification to practitioners/providers and members of decisions. All electronically stored data is housed within Aetna's business applications and are not outsourced to external vendors.

Measurement (example)

- Trend analysis of spine surgeries
- Timeliness of authorization notifications
- Timeliness of claim payments

Reporting

- Trend analysis of requests for Spine Surgeries
- Utilization tracking and trending is reviewed by the CMO monthly and is reported at a minimum of quarterly to the QM/UM Committee¹³
- Regulatory State reports

INTER-/INTRADEPENDENCIES

Internal

- Claims
- Finance
- Information Technology
- Medical Director

¹³ 2020 Louisiana Medicaid Managed Care Organization State of Work Section 6.27.3



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- **Medical Management**
- **Member Services**
- **Provider Services**
- **Quality Management**

External

- **Enrollees**
- **Practitioners and providers**
- **Regulatory bodies**

Aetna Better Health of Louisiana

Richard Born
Chief Executive Officer

Madelyn Meyn
Chief Medical Officer