

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202171    AUGUST 17, 2021

## IHCP updates cervical arthroplasty PA criteria

The Indiana Health Coverage Programs (IHCP) currently covers Current Procedural Terminology (CPT<sup>®1</sup>) code 22856 – *Insertion of artificial upper spine disc, anterior approach* with prior authorization (PA) as published previously in *IHCP Banner Page BR201931*.

Effective for dates of service on or after Sept. 17, 2021, CPT code 22856 is considered medically necessary when determined by a nationally recognized care guideline. In addition to nationally recognized care guidelines, the following imaging requirements must be met:

- Magnetic resonance imaging (MRI) or computerized tomography (CT) scan to confirm compression at the level corresponding with clinical findings
- No evidence of cervical instability, as indicated by one or more of the following:
  - Absence of sagittal plane angulation of more than 11 degrees on lateral flexion-extension X-rays
  - Absence of sagittal plan translation of more than 3 mm on lateral flexion-extension X-rays

CPT code 22856 is reimbursable when billed as a professional claim (*CMS-1500* claim form or electronic equivalent) and is also reimbursable for the outpatient setting, billed as an institutional claim (*UB-04* claim form or electronic equivalent).

This PA information applies to services delivered under the fee-for-service (FFS) delivery system. Questions about FFS PA should be directed to Gainwell Technologies at 800-457-4584, option 7.

Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA for procedure code 22856 should be directed to the MCE with which the member is enrolled.



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### QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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