

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Hospital Providers, Medical Equipment Vendors, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Prior Authorization Criteria for Dorsal Column or Spinal Stimulator Surgeries

This *ForwardHealth Update* introduces new prior authorization criteria for dorsal column or spinal stimulator surgeries, effective for dates of service on and after September 1, 2013.

This *ForwardHealth Update* introduces new prior authorization (PA) criteria for dorsal column or spinal stimulator surgeries, effective for dates of service on and after September 1, 2013.

General Coverage Information

Implantation of dorsal column (spinal cord) stimulators has been shown to provide benefit when treating chronic intractable pain in situations such as failed back surgery and complex pain syndromes. Because the procedure is invasive and has a significant complication rate, it should only be considered for conditions where evidence supports its efficacy and when more conservative methods have failed.

Dorsal column stimulator trials and surgeries require PA. Dorsal column stimulator trials and surgeries that do not meet the PA approval criteria are considered noncovered. Any charges related to the noncovered dorsal column stimulator surgeries will not be reimbursed.

Prior Authorization Approval Criteria

Section DHS 107.02(3)(a), Wis. Admin. Code, authorizes ForwardHealth to require and define the terms of PA for physician services.

Prior authorization is required for both the stimulator trial period and the implantation surgery. A separate PA is required for each.

All of the following criteria must be met for PA requests to be approved for temporarily implanted dorsal column stimulator electrodes for trial purposes:

- The member suffers from chronic, intractable pain.
- Other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been given an adequate trial and did not prove satisfactory or were judged to be unsuitable or contraindicated for the member. The implantation of the dorsal column stimulator is a treatment of late or last resort.
- The member must undergo careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation. This screening must include:
 - ✓ Psychological and physical evaluation. The psychological and physical evaluation must confirm that the pain is not believed to be of psychological origin.
 - ✓ Documented evidence of pathology of the chronic pain (i.e., an objective basis).

Except in unusual situations, the diagnosis should be either failed back surgery syndrome or complex regional pain syndrome.

- There is documentation that the pain interferes with a member's daily living activities.

For dorsal column stimulator surgery PA approval, the following criteria must be met:

- The member must complete a trial period of at least three days per the guidelines listed above for the temporarily implanted dorsal column stimulator electrodes for trial purposes.
- The member must demonstrate at least a 50 percent reduction of pain with a temporarily implanted electrode.
- The results of the trial period must be documented in the PA attachments.

The approval criteria for PA requests for temporarily implanted dorsal column stimulator electrodes for trial purposes and dorsal column stimulator surgeries are also included in Attachments 1 and 2 of this *Update*. Associated durable medical equipment charges will only be paid if surgery services associated with an approved PA have been rendered.

How to Submit Prior Authorization Requests

The rendering surgeon is required to obtain PA from ForwardHealth for dorsal column or spinal stimulator trial periods and surgeries. ForwardHealth will deny claims for services and equipment related to the surgery unless there is an approved PA on file from the rendering surgeon for the surgery.

When submitting PA requests to ForwardHealth for both dorsal column stimulator trial periods and surgeries, the rendering surgeon is required to submit the following:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (07/13).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).

- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*.
- For implantation surgeries, documentation of the trial period of at least three days that demonstrates a 50 percent reduction of pain with a temporarily implanted electrode.

Providers may submit PA requests and upload additional required documentation via the ForwardHealth Portal at www.forwardhealth.wi.gov/. Providers may refer to the Prior Authorization Portal User Guide available on the Portal for instructions on submitting PA requests and uploading documentation.

Providers may also submit PA requests to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Prior authorization requests submitted by fax must be accompanied by a Prior Authorization Fax Cover Sheet, F-01176 (12/11), which can be found on the Forms page of the Portal.

For complete PA information, refer to the Physician service area of the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only.

For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Prior Authorization Approval Criteria for Temporarily Implanted Dorsal Column or Spinal Stimulator Electrodes for Trial Purposes

All of the following criteria must be met for prior authorization (PA) requests to be approved for temporarily implanted dorsal column stimulator electrodes for trial purposes:

- The member suffers from chronic, intractable pain.
- Other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been given an adequate trial and did not prove satisfactory or were judged to be unsuitable or contraindicated for the member. The implantation of the dorsal column stimulator is a treatment of late or last resort.
- The member must undergo careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation. This screening must include:
 - ✓ Psychological and physical evaluation. The psychological and physical evaluation must confirm that the pain is not believed to be of psychological origin.
 - ✓ Documented evidence of pathology of the chronic pain (i.e., an objective basis).

Except in unusual situations, the diagnosis should be either failed back surgery syndrome or complex regional pain syndrome.

- There is documentation that the pain interferes with a member's daily living activities.

ATTACHMENT 2

Prior Authorization Approval Criteria for Dorsal Column or Spinal Stimulator Surgeries

For dorsal column stimulator surgery PA approval, the following criteria must be met:

- The member must complete a trial period of at least three days per the guidelines listed in Attachment 1.
- The member must demonstrate at least a 50 percent reduction of pain with a temporarily implanted electrode.
- The results of the trial period must be documented in the PA attachments.