



Clinical Criteria used for Pain and Spine Utilization Management:

A medical guideline, also called clinical criteria, is a document for the purpose of guiding clinical decisions for the management, and treatment of a member related to the specific diagnosis presented. The clinical criteria that OrthoNet uses for its Utilization Management services are determined by the types of service(s) requested and the patient's health plan.

- **National Coverage Determination (NCD) / Local Coverage Determination (LCD)**

- Website Links:

- [National Coverage NCD Report Results \(cms.gov\)](#)
- [Local Coverage Final LCDs by State Report Results \(cms.gov\)](#)

- LCD(s)/NCD(s) Used to Make Clinical Determinations (Not an All-Inclusive List):

- LCD(s)/NCD(s) Used to Make Clinical Determinations (Not an All-Inclusive List):
- National Coverage Determination (NCD) Electrical Nerve Stimulators 160.7
- National Coverage Determination (NCD) Infusion Pumps 280.14
- Local Coverage Determination (LCD) Epidural Steroid Injections for Pain Management L39036
- Local Coverage Determination (LCD) Facet Joint Interventions for Pain Management L35936
- Local Coverage Determination (LCD) Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) L33569
- Local Coverage Determination (LCD) Sacroiliac Joint Injections and Procedures L39455
- Local Coverage Determination (LCD) Cervical Fusion L39770

- **Emblem Policy**

- [Medical Policies | EmblemHealth](#)

- [Medical Policy: Pain Management](#)
- [Medical Policy: Radiofrequency Ablation for Spinal Pain](#)
- [Medical Policy: Artificial-Intervertebral-Discs](#)
- [medical_policies/dorsal-column-stimulator-for-pain-management](#)
- [medical_policies/Interspinous_Distrraction_Devices](#)
- [medical_policies/lumbar-fusion-intervertebral-fusion-devices](#)
- [medical_policies/osteogenesis-stimulators](#)
- [medical_policies/vertical-titanium-rib](#)

Note: For MCG Health Policy information, please continue to the next page.

- **MCG Health**

- If there is no Emblem Policy available, OrthoNet will use MCG.
- Website Links: [MCG Client Resources \(Emblem MCG Site\)](#)
- Links MCG Health Guidelines Used to Make Clinical Determinations (Not an All-Inclusive List):
 - MCG 29th Edition Intrathecal Pump Implantation ACG: A-0420 (AC)
 - MCG 29th Edition Cervical Fusion, Anterior ORG: S-320 (ISC)
 - MCG 29th Edition Cervical Fusion, Posterior ORG: S-330 (ISC)
 - MCG 29th Edition Neurosurgery or Procedure GRG, GRG: SG-NS (ISC GRG)
 - MCG 29th Edition Musculoskeletal Surgery or Procedure GRG, GRG: SG-MS (ISC GRG)
 - MCG 29th Edition Removal of Posterior Spinal Instrumentation ORG: S-530 (ISC)
 - MCG 29th Edition Disk Arthroplasty, Cervical ACG: A-0227 (AC)
 - MCG 29th Edition Cervical Laminectomy ORG: S-340 (ISC)
 - MCG 29th Edition Lumbar Laminectomy ORG: S-830 (ISC)
 - MCG 29th Edition Lumbar Discectomy, Foraminotomy, or Laminotomy ORG: S-810 (ISC)
 - MCG 29th Edition Vertebroplasty and Kyphoplasty ACG: A-0226 (AC)
 - MCG 29th Edition Spine, Scoliosis, Posterior Instrumentation, Pediatric ORG: P-1056 (ISC)
 - MCG 29th Edition Spine, Scoliosis, Posterior Instrumentation ORG: S-1056 (ISC)

Note 1: 29th Edition made effective 1/12/26 based on request received date

Note 2: To select the appropriate website link listed, please refer to the clinical criteria cited in the partial approval/denial letter.