



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):
 - 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) Cervical Fusion L39770
 - Local Coverage Determination (LCD) Sacroiliac Joint Injections and Procedures L39455
 - Local Coverage Determination (LCD) Peripheral Nerve Stimulation L34328 Revision 10 (Noridian Healthcare Solutions)
 - Local Coverage Determination (LCD) Sacral Nerve Stimulation for the Treatment of Urinary and Fecal Incontinence (L39543) Revision 0 (Palmetto GBA)
- **MCG Health**
 - Website Links:
 - [MCG Client Resources \(Licensure is Needed to Access this Site\)](#)
 - 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 Lumbar Fusion, Posterior ORG: S-820 (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 Spinal Distraction Devices ACG: A-0494 (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)
- MCG 29th Edition Percutaneous Tibial Nerve Stimulation (PTNS) A-0699
- MCG 29th Edition Occipital Nerve Stimulation A-0716

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

- **OrthoNet's Care Guidelines**

- Website Links:
 - [Epidural Spinal Cord Stimulator](#)
 - [ReActiv8 Implantable Neurostimulation System](#)
 - [Epidural Steroid Injection](#)
 - [Facet Block Injection](#)
 - [Sacroiliac Joint Injection](#)

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