



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 is 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

- **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 26th Edition Intrathecal Pump Implantation ACG: A-0420 (AC)
- MCG 26th Edition Cervical Fusion, Anterior ORG: S-320 (ISC)
- MCG 26th Edition Lumbar Fusion, Posterior ORG: S-820 (ISC)
- MCG 26th Edition Cervical Fusion, Posterior ORG: S-330 (ISC)
- MCG 26th Edition Neurosurgery or Procedure GRG, GRG: SG-NS (ISC GRG)
- MCG 26th Edition Musculoskeletal Surgery or Procedure GRG, GRG: SG-MS (ISC GRG)
- MCG 26th Edition Removal of Posterior Spinal Instrumentation ORG: S-530 (ISC)
- MCG 26th Edition Disk Arthroplasty, Cervical ACG: A-0227 (AC)
- MCG 26th Edition Spinal Distraction Devices ACG: A-0494 (AC)
- MCG 26th Edition Cervical Laminectomy ORG: S-340 (ISC)
- MCG 26th Edition Lumbar Laminectomy ORG: S-830 (ISC)

- MCG 26th Edition Lumbar Discectomy, Foraminotomy, or Laminotomy ORG: S-810 (ISC)
- MCG 26th Edition Vertebroplasty and Kyphoplasty ACG: A-0226 (AC)
- MCG 26th Edition Spine, Scoliosis, Posterior Instrumentation, Pediatric ORG: P-1056 (ISC)
- MCG 26th Edition Spine, Scoliosis, Posterior Instrumentation ORG: S-1056 (ISC)
- MCG 26th Edition Removal of Posterior Spinal Instrumentation ORG: S-530 (ISC)

- **OrthoNet's Care Guidelines**

- Website Links:
 - [Epidural Spinal Cord Stimulator](#)
 - [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.