

Corpectomy

Also known as	1. Cervical corpectomy				
Description	Corpectomy is a surgical procedure in which part of or all of a vertebrae(s) (bone) and disc material are removed to relieve pain and pressure on the spinal cord and nerves in the cervical (neck) area. A bone graft is then placed in this space to stabilize the cervical spine.				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Bone Morphogenic Protein (BMP) for Spine and Orthopedic Applications - DNA technology has resulted in FDA approval for the clinical use for specific conditions.• Discectomy - Procedure done to remove the internal disc material that is pressing on a nerve root or the spinal cord.• Foraminotomy - Procedure used to relieve pressure on nerves that are being compressed by the intervertebral foramina.• Laminectomy - Procedures to remove spinal pressure (also called spinal stenosis) due to various causes.• Laser Spine Surgery - Uses a small incision and a laser in place of open surgery, microscopic-guided surgery, or radiofrequency ablation.• Spinal Fusion - Procedure permanently fuses two or more vertebrae.• Stem Cell and Cellular Bone Matrix Products for Orthopedic Applications - Certain cells are obtained from living adult tissue and have the ability to differentiate into a variety of tissue types.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.19.24</td><td>Updated to new template.</td></tr></table>	Date	Description	4.19.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.						
Mayo Medical Plan (MMP)	<p>Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</p> <ul style="list-style-type: none">• Clinic POS: Also quote office visit benefits when done in the clinic.						
Medica (including MHPS)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Medica is the only payer.
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Cost (Prime)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Two Medica’s Utilization Management Policies, <i>Cervical Spine Surgeries</i> and <i>Lumbar Spine Surgeries</i>, exist. See the appropriate policy.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Most situations require prior authorization. See <i>Medical Necessity Criteria</i>.<ul style="list-style-type: none">– Provider can submit a Prior Authorization Request.– Note: Provider must pick the right form. There are multiple versions.– Important: Check policy for limits or exclusions.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Musculoskeletal Care (MSK) Prior Authorization for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient surgical or inpatient hospital benefits.• Follows Medicare guidelines.• Medica is the only payer.
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Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						

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Government Programs, Continued

Medicaid

Coverage depends on the date of service.

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Date	Description
4.19.24	Updated for Medica Policy change.

Individual and Family Business (IFB)

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