

Annulus Fibrosus Repair Devices

Description

Annulus fibrosus tissue repair is a method of repairing a tear in the fibrous tissue surrounding the soft inner core of a vertebral disc, which may occur following a lumbar discectomy procedure.

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Document history

The document history for the past 12 months is outlined below.

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2.27.24	Updated due to template change.
12.29.23	Refreshed due to age.

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>Medical Policy, <i>Annulus Fibrosis Repair Devices (MP9688)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Note: Policy above effective 4.1.24. Until then, <i>Non-covered Medical Procedures and Services (MP9415)</i> applies.• Considered investigative, not covered.						
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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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">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Annulus Fibrosis Repair Devices (MP9688)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Note: Policy above effective 4.1.24. Until then, <i>Non-covered Medical Procedures and Services (MP9415)</i> applies.• Considered investigative, not covered.						
Medica	<p>Medica’s Coverage Policy, <i>Annulus Fibrosus Repair Devices</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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