Anthem Blue Cross and Blue Shield Medicare Advantage collaborates with OrthoNet to conduct medical necessity reviews for certain CPT codes related to Surgical Interventions for Scoliosis and Spine Deformity.

**What does this mean to you?**
Effective 01/01/16 the following services must be reviewed by OrthoNet for precertification:

- 22800 Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
- 22802 Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
- 22804 Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
- 22808 Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
- 22810 Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
- 22812 Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
- 22818 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
- 22819 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
- 22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
- 22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
- 22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
- 22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
- 22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
- 22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)

**How do I submit requests to OrthoNet?**
You may request prior authorization by submitting complete clinical information to OrthoNet by:

- Phone: 1-844-788-4805
This update to the 2015 prior authorization requirement applies to all Anthem Medicare Advantage plans.

Not all precertification requirements are listed here. Detailed Prior Authorization requirements are available to contracted providers by accessing the "Provider Self-Service Tool" within Availity. Non-contracted providers should contact the Health Plan. General precertification guidelines can be found at the Provider Forms section of the Anthem Medicare Advantage Public Provider Portal [www.anthem.com/medicareprovider](http://www.anthem.com/medicareprovider).