



Preauthorization: Musculoskeletal Care

Your health plan requires preauthorization for certain spine treatments, including surgeries and pain management services. If you are in an emergency room, preauthorization is not required.

What treatments require preauthorization?

Inpatient and outpatient surgeries:

- Lumbar microdiscectomy
- Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis)
- Cervical anterior decompression with fusion:
Single and multiple levels
- Cervical posterior decompression with fusion:
Single and multiple levels

- Cervical posterior decompression (without fusion)
- Cervical artificial disc replacement
- Cervical anterior decompression (without fusion)

Outpatient pain management services:

- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radiofrequency (RF) neurolysis)

What should you do?


Ask your doctor to [visit www.RadMD.com](http://www.RadMD.com) to request authorization for treatment. If your provider does not receive a preauthorization before you receive services, your health plan might not cover the treatment and you could be held liable for the payment.


What is the program designed to do?

- Promote patient safety by preventing unnecessary surgical procedures
- Help you avoid paying unnecessary out-of-pocket expenses

What's the status of your preauthorization?

To check the status of your authorization request:

 Log in to **My Health Toolkit**, select the **Benefits** tab, then **Authorization Status**.

 Or call the number on the back of your membership card to speak to a customer service advocate.

