

ORTHOPEDIC SERVICES

Policy Number: ADMINISTRATIVE 039.21 T0

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Related Policies
None

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership (including self-funded).
Benefit Type	General Benefits Package
Referral Required (Does not apply to non-gatekeeper products)	Yes
Authorization Required (Precertification always required for inpatient admission)	Yes ¹
Precertification with Medical Director Review Required	No
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Office, Outpatient, Home and Inpatient
Special Considerations	¹ Utilization management and pre-certification are subject to the terms and conditions of the Member's Certificate of Coverage.

COVERAGE RATIONALE

Oxford covers medically necessary acute care services and post-acute services delivered at the most appropriate level of care. OrthoNet's Orthopedic division will perform utilization management to review requested services that should meet approved clinical guidelines for medical necessity. Review is conducted by determining medical necessity and medical appropriateness, and to initiate discharge planning as appropriate. The review will be based on the obtained clinical information and some or all of the following criteria/tools:

- MCG™ Care Guidelines, 22nd edition, 2018 (Inpatient Care)
- Member benefits
- Oxford medical and reimbursement policies

Services performed by the following specialists (participating/non-participating), regardless of diagnosis, are subject to utilization review with OrthoNet's Orthopedic division.

- Hand surgeon
- Neurosurgeon
- Orthopedic surgeon
- Pediatric Orthopedic surgeon
- Physical medicine and rehabilitation
- Podiatrist

and

Services rendered by the below facilities (participating/non-participating), when billed in conjunction with certain identified ICD-10 diagnosis codes (see the [Applicable Codes](#) section for a list of diagnosis codes) are subject to utilization review with OrthoNet's Orthopedic division.

- Acute care hospital
- Ambulatory surgery center
- Durable medical equipment
- Home health care
- Other ancillary
- Physical rehabilitation facility
- Physical rehabilitation hospital
- Skilled nursing facility

Medical Director Review Requirements

If a request is submitted which:

- **Meets the applicable guideline(s)/medical criteria**, an OrthoNet Case Manager may make a utilization review decision (with oversight by a Medical Director).
- **Does not meet the applicable guideline(s)/criteria**, and/or there is a question regarding whether the request is a covered benefit, the request will be referred to an OrthoNet Medical Director for review and decision-making.

Additional information as well as input from a consultant may be requested and reviewed as part of this process.

In the case of non-certification decisions, where the OrthoNet Case Manager did not make an attempt to discuss the matter with the member's provider, a reconsideration procedure will be offered and activated according to current regulatory requirements and Oxford policy.

A Medical Director must make all adverse utilization review decisions including those for benefit non-certifications (with the exception of non-certification due to the member's enrollment status with Oxford and approval determinations).

Note:

- **Pre-Existing Conditions:** Individuals of any age cannot be denied coverage, charged higher premiums, subjected to an extended waiting period or have benefits modified because of a preexisting condition.
- Payment for requested services will be based on Oxford's medical and reimbursement policies.

DEFINITIONS

Direct Orthopedic Providers:

- Hand surgeon
- Neurosurgeon
- Orthopedic surgeon
- Pediatric Orthopedic surgeon
- Physical medicine rehabilitation/physiatrist
- Podiatrist

MCG™ Care Guidelines, 22nd edition, 2018, of Inpatient and Surgical Care, Recovery, Facility Care and Homecare: An online tool that is individually based on clinical appropriateness, level-of-care and specific clinical criteria.

OrthoNet: A company founded in 1995 as "a provider-driven musculoskeletal disease management company", whose goal is to provide Orthopedic management services and seek collaborative relationships between musculoskeletal providers and health plans.

- OrthoNet provides integrated clinical review and administrative services for both in and out of network Orthopedic Services designed to improve the quality and enhance the value of global musculoskeletal care.

- OrthoNet is delegated to perform utilization management (UM) on initial requests for services but is not delegated for the functions of UM appeals, grievance, and external review activities.

Orthopedic: The correction or prevention of skeletal deformities.

Orthopedic Services (as Defined by the Contract with OrthoNet): OrthoNet may perform clinical review on behalf of Oxford in order to determine medical necessity as well as determining eligibility, and accuracy of clinical coding for services or procedures requested or rendered by participating (or non-participating) providers.

Clinical information may be requested by Oxford or OrthoNet and reviewed on an entire population or a subset of physicians, procedures or members, at Oxford's discretion. Such clinical information may be reviewed on a prospective, concurrent and/or retrospective basis.

Clinical information that is reviewed prospectively may be reviewed again concurrently or retrospectively to confirm the accuracy of the information available at the time of previous review. OrthoNet on behalf of Oxford will retrospectively deny an approval only in circumstances indicated in the approval or in circumstances involving fraud, abuse or material misrepresentation.

All services (without limitation or regard to diagnostic code or type of service) provided to members by providers who are Direct Orthopedic Providers or Related Orthopedic Providers (see lists below) for which the primary ICD-10-CM Code applicable to the claim for covered Orthopedic Services is an Orthopedic diagnosis code.

Related Orthopedic Providers:

- ACCH (Acute Care Hospital)
- AMS (Ambulatory Surgical Center)
- DME (Durable Medical Equipment)
- HOH (Home Health Care)
- OAN (Other Ancillary Facility)
- PHREF (Physical Rehabilitation Facility)
- REH (Physical Rehabilitation Hospital)
- SNF (Skilled Nursing Facility)

APPLICABLE CODES

ICD-10 Diagnosis Codes



Orthopedic Services
ICD-10 Code List

REFERENCES

MCG™ Care Guidelines, 22nd edition, 2018.

OrthoNet Partial Delegation and Services Agreement as amended through 01/01/2007.

Outpatient Physical and Occupational Therapy (OrthoNet Arrangement).

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"> • Updated list of applicable ICD-10 diagnosis codes to reflect annual code edits: <ul style="list-style-type: none"> ○ Added M79.10, M79.11, M79.12, and M79.18 ○ Removed M79.1 • Archived previous policy version ADMINISTRATIVE 039.20 T0