

Orthopedic Services

Policy Number: ADMINISTRATIVE 039.33
Effective Date: January 1, 2023

[Instructions for Use](#)

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Related Policies
None

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:

- InterQual® LOC: Acute Adult and LOC, Acute Pediatric
- Member benefits
- Oxford Medical and Reimbursement Policies

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: Payment for requested services will be based on Oxford's medical and reimbursement policies.

Definitions

OrthoNet: A company founded in 1995 and an Optum Company since 2014, OrthoNet is a provider of medical benefit management services whose goals include providing payors with clinical specialties and supporting collaborative relationships between 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 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. Retrospective denials on an approval will only be completed in circumstances indicated in the approval or in circumstances involving fraud, abuse or material misrepresentation.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Codes

0095T	0098T	0164T	0309T	20930	20931	22100	22101	22102	22110	22112
22114	22206	22207	22210	22212	22214	22220	22224	22510	22511	22512
22513	22514	22515	22532	22533	22534	22548	22551	22552	22554	22556
22558	22585	22586	22590	22595	22600	22610	22612	22614	22630	22632
22633	22634	22800	22802	22804	22808	22810	22812	22818	22819	22830
22840	22841	22842	22843	22844	22845	22846	22847	22848	22849	22850
22852	22853	22854	22855	22856	22857	22858	22859	22861	22862	22864
22865	22899	23470	23472	23473	23474	24360	24361	24362	24363	24370
24371	27120	27125	27130	27132	27134	27137	27138	27279	27280	27412
27437	27438	27440	27441	27442	27443	27445	27446	27447	27486	27487
28285	28289	28291	28292	28296	28297	28298	28299	29805	29806	29807
29819	29820	29821	29822	29823	29824	29825	29826	29827	29828	29830
29834	29835	29836	29837	29838	29840	29843	29844	29845	29846	29847
29848	29860	29861	29862	29863	29866	29867	29868	29870	29871	29873
29874	29875	29876	29877	29879	29880	29881	29882	29883	29884	29885
29886	29887	29888	29889	29891	29892	29893	29894	29895	29897	29898
29899	29914	29915	29916	63001	63003	63005	63011	63012	63015	63016

CPT Codes										
63017	63020	63030	63035	63040	63042	63043	63044	63045	63046	63047
63048	63050	63051	63055	63056	63057	63064	63066	63075	63076	63077
63078	63081	63082	63085	63086	63087	63088	63090	63091	63101	63102
63103	63170	63172	63173	63185	63190	63191	63197	63200	63250	63251
63252	63265	63266	63267	63268	63270	63271	63272	63273	63275	63276
63277	63278	63280	63281	63282	63283	63285	63286	63287	63290	63295
63300	63301	63302	63303	63304	63305	63306	63307	63308	63650	63655
63661	63662	63663	63664	63685	63688	64553	64570			

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HCPCS Codes										
J7330	L8680	L8682	L8685	L8686	L8687	L8688	S2112			

References

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

Outpatient Physical and Occupational Therapy (OrthoNet Arrangement).

Policy History/Revision Information

Date	Summary of Changes
01/01/2023	Supporting Information <ul style="list-style-type: none"> Removed <i>Prior Authorization Requirements</i> section Archived previous policy version ADMINISTRATIVE 039.32 T0

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. 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.