

# Spine Surgery Influence Model

## Effective for dates of service on or after March 1, 2010 Frequently Asked Questions

### **1. What is the objective of the Spine Surgery Influence Model?**

Using the existing inpatient notification process, this program is intended to improve the quality and consistency of care for those members who are undergoing inpatient spinal procedures. This will be accomplished through the use of evidence-based guidelines at the case level and as a basis for peer-to-peer discussions in selected cases not meeting evidence-based guidelines. This process is not a precertification, preauthorization, or medical necessity determination.

### **2. When and where does the program become effective?**

The Spine Surgery Influence Model will become effective for dates of service beginning March 1, 2010 in Arizona, California, Colorado, Florida, Georgia, Missouri, Ohio, Texas, and Wisconsin.

### **3. Who does this program apply to?**

This program applies to commercial members enrolled in benefit plans issued or administered by UnitedHealthcare. The program does not apply to members enrolled in government plans such as SecureHorizons<sup>®</sup>, Evercare<sup>®</sup> or AmeriChoice<sup>®</sup>, or benefit plans issued or administered by Oxford, PacifiCare, MD Individual Practice Association, Inc. (M.D. IPA), Optimum Choice, Inc., MAMSI Life and Health Insurance, Neighborhood Health Partnership, UnitedHealthcare Plan of the River Valley, Inc., Arnett Health Plans, IBA Health Plans. Members of these plans are subject to the administrative guide or manual of that Affiliate. The existing requirements regarding notification, authorization and/or pre-certification for the above listed excluded entities remain in place.

### **4. What is the purpose of the program?**

This program is intended to improve the quality and consistency of care for those members who are undergoing inpatient spinal procedures through the use of evidence based guidelines, review of medical records, and peer to peer discussions of selected cases. This process is not a precertification, preauthorization, or medical necessity determination.

## **5. What triggers the request for medical records and the peer-to-peer discussion with surgeons?**

UnitedHealthcare uses Milliman Care Guidelines® and North American Spine Society guidelines to determine the appropriate use of spine procedures. The request for medical records and/or a peer to peer discussion is triggered by the receipt of a notification from a physician for an inpatient spine surgery that is considered “potentially inappropriate” according to these sources. The initial reason the procedure may be considered “potentially inappropriate” could be due to limited information contained in the notification. The request for records is to obtain more detailed information as suggested by evidence based guidelines, and to determine whether a peer to peer discussion should occur. While we help facilitate this discussion, the ultimate decision about appropriate treatment is still in the hands of the physician.

## **6. How many attempts will be made to contact the physician for medical records and/or peer-to-peer discussion before the treatment is considered non-compliant with the spine surgery influence model?**

Two attempts will be made to contact the physician to both obtain the medical records and conduct the peer-to-peer discussion on the case. Physicians will have seven days to send medical records before they are considered non-compliant. For the peer-to-peer discussion, after the initial outreach by the Medical Director, physicians will have two days to respond and conduct peer-to-peer conversation before being documented as non-compliant.

## **7. What is the consequence for failure to provide notification for inpatient spine surgery?**

Compliance with the standard notification protocol is required. This enhancement to the process does not supersede or replace the current notification requirements as described within the Physician, Health Care Professional, Facility and Ancillary Provider 2010 UnitedHealthcare Administrative Guide. Failure to provide advance notification for inpatient spine surgery will result in an administrative claim denial for the physician rendering the service. The Administrative Guide is available at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com) > Tools & Resources > Policies & Protocols > Administrative Guides.

## **8. Will a claim be denied if the procedure is considered inappropriate through the spine surgery influence review process?**

No. Physicians complying with notification requirements will receive notification numbers. No claims payment reductions will take place, even if the procedure is found to be inappropriate during the notification process, or if there is lack of participation in clinical record submission and/or peer to peer discussion.

## **9. How will this process affect the processing time for notifications?**

This program will run in parallel with the standard notification process and will not affect the processing time for notifications. A notification number will be generated immediately upon receiving all required information.

**10. How is this process different than other UnitedHealthcare notification requirements?**

This process does not supersede or replace the current notification requirements as described within the UnitedHealthcare Physician, Health Care Professional, Facility and Ancillary Provider 2010 Administrative Guide, and is not a prior authorization or pre-certification program. Claims will continue to be subject to the current reimbursement reductions for failure to notify as described within the Administrative Guide.

**11. Are UnitedHealth Premium® (quality and efficiency) designated physicians subject to this process?**

Yes, all applicable inpatient spine surgery notifications are subject to this process.

**12. Where can I find more information about this pilot program?**

For further information about this pilot, please contact Dee Wyatt, Program Manager, at 952-992-5128.

