

Brentwood Services Administrators, Inc.

Policy for Preauthorization for Medical Treatment



(NOTE: There is no prior authorization required for emergency services.)

Policy: Brentwood Services Administrators, Inc., shall require prior authorizations for the following procedures/services: * CLAIMS & INJURY MANAGEMENT
* LOSS PREVENTION SERVICES

All In-Patient Admissions (If admission occurs after hours or weekends, the adjuster shall be notified on the next working day and the admission shall be subject to retrospective review.)

Surgical Procedures

Shoulder, Clavicle & Humerus

23030	I&D ABSCESS SHOULDER	23485	BONE GRAFT FOR NON-UNION
23031	I&D BURSA SHOULDER	23500	CLAV.FX. CLOSED W/O REDUC
23035	I&D W/CORTEX OPEN SHOULDE	23510	OPEN FX. CLAVICLE W/ REDU
23036	ARTHROTOMY W/SUCT. SHOULD	23515	CLAV. FX W/ OR W/OUT SKEL
23036	I&D W/ SUCTION SHOULDER	23520	STERNOCLAV. DISLOC. W/RED
23040	ARTHROTOMY SHOULDER	23530	STERNOCLAV DISLOC W/OPEN
23044	ARTHROTOMY STERNOCLAV JOI	23570	SCAPULA FX W/OUT REDUCTIO
23065	BIOPSY SHOULDER	23575	MANIPULATIVE REDUCT SCAPU
23066	BIOPSY SHOULDER DEEP	23190	OSTECTOMY OF SCAPULA
23075	EXCISION BENIGN TUMOR	23172	SEQUESTRECTOMY SCAPULA
23076	EXCISION BENIGN TUMOR DEEP	23182	PARTIAL EXCISION SCAPULA
23100	ARTHROTOMY BX GLENOHUMERA	23150	EXCISION CYST PROXIMAL HUMERUS
23101	ARTHROTOMY EXCISION TORN CART	23184	PARTIAL EXCISION PROXIMAL HUMER
23105	SYNOVECTOMY GLENOHUMERAL	23195	RESECTION HUMERAL HEAD
23106	SYNOVECTOMY STERNOCLAVICL	23220	RESECTION FOR TUMOR PROX HUM
23110	EXCISION SUBACROMIAL BURSA	23221	RESECTION HUMERUS W/ BONE GR
23130	ACROMIONECTOMY	23600	HUMERUS FX W/OUT REDUCTIO
23222	RESECTION HUMERUS W/ PROSTHE	23605	HUMERUS FX W/ MANIPULATIO
23330	IMPLANT REMOVAL SHOULDER	23615	HUMERUS FX. W/ W/O FIXATI
23331	REMOVE FOREIGN BODY SHOUL	23680	NECK FRACTURE OPEN REDUCT
23395	MUSCLE TRANSFER SHOULDER	23930	I&D ABSCESS HUMERUS/ELBOW
23397	MULT. MUSCLE TRANSFER SHO	23931	I&D INFECT.BURSA HUMERUS/
23400	SCAPULOPEXY (eg PARALYSIS	23935	I&D BONE CORTEX HUMERUS/E
23420	REPAIR SHOULD CUFF AVULSI	24065	BX SOFT TISSUE HUMERUS/EL
23440	RESECTION BICEP TENDON	24110	EXC/CURRETAGE HUMERUS CYS
23470	ARTHROPLASY SHOULDER	24134	SEQUESTRECT. HUMERUS FOR
23472	TOTAL SHOULDER REPLACEMEN	24140	PARTIAL EXCISION HUMERUS FOR OST
23670	SHOULD DISLOCATE W/OPEN R	24150	RESECTION FOR TUMOR HUMERUS
23800	SHOULD JOINT FUSION NO GR	24151	RESECTION HUMERUS W/AUTOGENO
23800	SHOULD JOINT FUSION W/GRA	24400	OSTEOTOMY HUMERUS W/OUT F
23802	SHOULD FUSION W/AUTOGENOU	24400	OSTEOTOMY HUMERUS W/SKEL
23900	FOREQUARTER AMPUTATION	24410	MULT. OSTEOTOMIES W/ ROD
23929	DISARTICULATION SHOULDER	24420	OSTEOPLASTY HUMERUS
23120	CLAVICULECTOMY PARTIAL	24430	REPAIR NONUNION HUMERUS
23125	CLAVICULECTOMY TOTAL	24435	REPAIR NONUNION HUMERUS W
23140	EXCISION CYST CLAVICLE/SCAPULA	24495	FASCIOTOMY DECOMPRESS. FO
23145	EXCISION CYST CLAV/SCAP W/GRAF	24500	HUMERAL SHAFT FX CLOSED
23146	EXCISION CYST W/NONAUTOGEN GRA	24505	HUMERAL SHAFT FX W/ REDUC
23155	CYST PROXI HUMERUS W/GRAF	24515	HUMERAL FX W/OUT REDUCTIO
23156	EXCISION CYST W/NONAUTOGEN GRA	24515	HUMERAL FX W/REDUCTION
23170	SEQUESTRECTOMY CLAVICLE		
23171	SEQUESTRECTOMY W/SUCTION		
23173	SEQUESTRECTOMY W/SUCTION		
23174	SEQUESTRECTOMY HUMERUS-NE		
23180	PARTIAL EXCISION CLAVICLE		
23210	RESECTION FOR TUMOR SCAPU		
23200	RESECTION FOR TUMOR CLAVICL		
23480	OSTEOTOMY CLAV.W/OR W/OUT		

Spinal Procedures (Rib)

21600 EXCISION RIB PARTIAL
21615 EXCISION FIRST/OR CERVICAL RIB
21616 EXCISION RIB W/ SYMPATHECTOMY
21700 DIVISION SCALENUS ANTICUS
21705 SCALENUS ANTICUS RESECT
21720 TORTICOLLIS OPEN OPERATIO
21725 TORTICOLLIS W/ CAST
21800 RIB FRACTURE CLOSED
21805 RIB FRACTURE COMPLICATED
21810 RIB FX EXTERNAL FIX
22010 BX SPINAL SOFT TISSUE
22011 BX DEEP SPINAL
22012 BX SPINAL TISSUE NEEDLE
22030 EXCISION BENIGN TUMOR SPINE
22031 EXCISION SPINAL TUMOR CERVICAL
22032 EXCISION SPINAL TUMOR THORACIC
22033 EXCISION SPINAL TUMOR LUMBAR
22100 RESECTION CERVICAL VERTEBRA
22101 RESECTION THORACIC VERTEBRA
22102 RESECTION LUMBAR VERTEBRAL
22105 RESECTION CERVICAL COMPONENT
22106 RESECTION THORACIC COMPONENT
22107 RESECTION LUMBAR COMPONENT
22110 EXCISION CERVICAL VERTEBRAE
22111 EXCISION CERVICAL VERT W/ SUCT
22112 EXCISION THORACIC VERT
22113 EXCISION THORACIC VERT W/ SUCT
22114 EXCISION LUMBAR VERTEBRAE
22115 EXCISION LUMBAR VERT W/ SUCTIO
22120 RADICAL RESECTION CERV VERT
22121 RADICAL RESECTION THORAC VER
22122 RADICAL RESECTION LUMBAR VER
22128 RESECTION CERV VERT W/PROSTH
22129 RESECTION THOR VERT W/PROSTH
22130 RESECTION LUMBAR VERT W/PROS
22200 OSTEOTOMY LUMBAR DEFORM
22201 OSTEOTOMY THOR/CERV DEFOR
22206 OSTEOTOMY TRANSTHORACIC
22207 OSTEOTOMY ABDO/RETROPERIT
22305 TREAT VERT PROCESS FR EAC
22310 VERT BODY FR W/REDUCTION
22325 VERT BODY FR LUMBAR-OPEN
22326 VERT BODY FR CERV
22327 VERT BODY FR THORACIC
22330 FUSION CERV SPINAL POST.
22335 FUSION CERV SPINE W/ILIAC
22345 FUSION CERV SPINE ANTERIO
22355 LUMBAR FUSION W/LOCAL BON
22356 THORACIC FUSION W/BONE
22360 FUSION LUMBAR W/ILIAC
22361 FUSION THORACIC W/ILIAC
22370 LUMBAR FUSION LATERAL
22371 THORACIC FUSION LATERAL
22379 HARRINGTON ROD TECHNIQUE
22550 ARTHRODESIS POST CERV
22552 ARTHRODESIS POSTCERV GRAF
22555 ARTHRODESIS CERV ANTERIOR
22560 ARTHRODESIS LUMBAR/THORAC
22561 ARTHRODESIS LUMBAR/THORAC
22565 ARTHRODESIS LOWER LUMBAR
22600 FUSION POST. BELOW C1
22605 FUSION BELOW C1 W/GRAFT
22615 FUSION FRONT C3-T1 W/GRAF
22617 ATLAS-AXIS C1-C2 C3 W/GRA
22620 CERVICOCRAN FUSION W/ GRA
22640 THOR/LUMB FUSION W/GRAFT

22700 LUMBAR SPINE FUSION
22720 HARRINGTON OR KNOTD ROD
22730 ARTHRODESIS TWO LEVELS
22800 ARTHRODESIS FOR SCOLIOSIS
22801 ARTHRODESIS W/GRAFT
22840 POST INSTRUMENTATION
22842 LUQUE TECHNIQUE
22845 DWYER INSTRUMENTATION
22850 REMOVE HARRINGTON ROD
22855 REMOVAL DWYER DEVICE

Elbow, Wrist & Hand

24000 ARTHROTOMY ELBOW
24066 DEEP BX ELBOW/HUMERUS
24075 EXCISION BENIGN TUMOR HUMERUS
24100 ARTHROTOMY ELBOW SYNOVIAL
24101 ARTHROTOMY ELBOW W/EXPLOR
24102 ARTHROTOMY ELBOW W/SYNOVE
24115 EXCISION HUMERUS CYST W/AUTO G
24130 RADIAL HEAD EXCISION HUMERUS
24136 SEQUESTRECT. RADIAL HEAD/
24138 SEQUESTRECT OLECRANON PRO
24145 PARTIAL EXCISION RADIAL HEAD
24147 PARTIAL EXCISION OLECRANON FOR
OS
24152 RESECTION RADIAL HEAD/NECK
24153 RESECTION RADIAL HEAD/NECK W
24155 RESECTION ELBOW JOINT
24160 IMPLANT REMOVAL ELBOW JOI
24164 IMPLANT REMOVAL RADIAL HE
24201 REMOVAL FOREIGN BODY ELBO
24301 MUSCLE TRANSFER ARM PARAL
24320 TENOPLASTY ELBOW TO SHOUL
24360 ARTHROPLASTY ELBOW
24361 ARTHROPLASTY ELBOW W/PROS
24363 ARTHROPLASTY TOTAL ELBOW
24530 SUPRACONDYLAR FX W/OUT RE
24531 SUPRACONDYLAR FX W/TRACTI
24545 SUPRACONDYLAR FX W/O FIX
24545 SUPRACONDYLAR FX W/SKEL F
24560 EPICONDYLAR FX CLOSED
24575 EPICONDYLAR FX OPEN REDUC
24575 EPICONDYLAR FX W/SKEL FIX
24579 CONDYLAR FX W/OR W/OUT FI
24585 COMMINUTED ELBOW FX W/FIX
24585 COMMINUTED ELBOW FX W/OUT
24605 ELBOW DISLOCATION W/MANIP
24650 RADIAL HEAD/NECK FX
24665 RADIAL HEAD/NECK FX W/FIX
24665 RADIAL HEAD/NECK FX W/OUT
24685 ULNAR FX W/ OR W/OUT SKEL
24700 MANIPULATION ELBOW JOINT
24800 FUSION ELBOW JOINT
24802 FUSION ELBOW W/AUTOGENOUS
24900 AMPUTATION ARM THROUGH HU
24930 REAMPUTATION ARM
25011 EXCISIONGANGLION WRIST
25028 I&D DEEP ABSCESS FOREARM/
25035 DEEP INCISION ARM FOR OST
25040 ARTHROTOMY W/ EXPLORATION
25075 EXCISION DEEP TUMOR ARM/W
25076 EXCISION MALIGNANT TUMOR
ARM/WRI
25100 ARTHROTOMY WRIST JOINT FO
25101 ARTHROTOMY EXPLORE. WRIST
25115 RADICAL EXCISION BURSA/TENDON

22645 FUSION W/AUTOGENOUS GRAFT

25260 REPAIR FLEXOR MUSCLE FORE
 25270 REPAIR EXTEN. MUSCLE/TEN.
 25280 LENGTH/SHORTENING FLEXOR
 25300 TENODESIS AT WRIST (FLEXO
 25301 TENODESIS AT WRIST (EXTEN
 25310 TENDON TRANSFER FOREARM
 25330 ARTHROPLASTY WRIST
 25331 ARTHROPLASTY WRIST W/IMPL
 25335 TRANSPOSE./REALIGN. HAND/
 25350 OSTEOTOMY RADIUS
 25360 OSTEOTOMY ULNA
 25370 OSTEOTOMIES W/REALIGN WRI
 25400 REPAIR MALUNION WRIST
 25405 AUTOGENOUS GRAFT WRIST
 25440 REPAIR NONUNION (NAVICULA
 25441 ARTHROPLASTY RAD. W/PROST
 25442 ARTHROPLASTY ULNA W/PROST
 25446 TOTAL WRIST REPLACEMENT
 25515 RADIAL FX W/OR W/OUT FIX
 25545 ULNAR FX W/OR W/OUT SKEL
 25575 RADIAL/ULNA FX W/OR W/OU
 25800 ARTHRODESIS WRIST
 25805 ARTHRODESIS W/AUTOGENOUS
 25900 AMPUTATION THROUGH RADIUS
 25920 AMPUTATION THROUGH WRIST
 26034 DEEP INCISION HAND/FINGER
 26070 ARTHROTOMY HAND/FINGER
 26120 PALMAR FASCIECTOMY HAND/F
 26160 EXCISION GANGLION CYST HAND/FI
 26200 EXCISION BONE CYST/TUMOR METAC
 26205 EXCISION TUMOR W/GRAFT METACAR
 26230 EXCISION METACARPAL BONE FOR O
 26250 RESECTION FOR TUMOR METACARP
 26255 RESECTION METACARPAL W/GRAFT
 26320 REMOVAL IMPLANT HAND/FING
 26356 FLEXOR TENDON REPAIR HAND
 26390 EXCISION FLEX TEND. W/IMPLANT
 26410 EXT. TENDOR REPAIR DORSUM
 26432 MALLEET FINGER REPAIR
 26530 REPAIR METACARPOPHALANGEA
 26552 THUMB RECONSTRUCTION WITH
 26560 REPAIR SYNDACTYLY W/SKIN
 26580 REPAIR CLEFT HAND
 26615 METACARPAL FX W/OR W/OUT
 26641 DISLOCATED THUMB W/MANIPU
 26645 CARPOMETACARPAL FX(BENNET
 26910 AMPUTATE METACARPAL W/FIN

Hip, Femur & Knee

26990 I&D DEEP ABSCESS PELVIS/H
 27025 OBER-YOUNT FASCIOTOMY W/C
 27030 ARTHROTOMY HIP FOR DRAINA
 27035 HIP JOINT DENERVATON
 27047 EXCISION TUMOR BENIGN DEEP HIP
 27050 ARTHROTOMY FOR BX SACROIL
 27065 EXCISION BONE CYST/TUMOR HIP
 27066 EXCISION DEEP BONE TUMOR HIP
 27070 PARTIAL EXCISION BONE FOR OSTEO.
 27087 REMOVE FOREIGN BODY IN HI
 27090 REMOVAL HIP PROSTHESIS
 27091 REMOVAL TOTAL HIP COMPONE
 27115 MUSCLE RELEASE (HANGING H
 27120 ACETABULOPLASTY (eg COLON
 27125 ARTHROPLASTY (PROSTHESIS)
 27126 ARTHROPLASTY CUP
 27127 ARTHROPLAST. W/ACETABULOP

27131 COMPLEX TOTAL HIP REPLACE
 27135 REVISION ARTHROPLASTY HIP
 27157 ACETABULAR AGUMENTATION
 27175 SLIPPED FEMORAL EPIPHYSIS
 27176 PIN FEM. EPIPHYSIS
 27179 OSTEOPLASTY FEM. NECK (HE
 27210 ILLIAC/PUBIC/ISCHIAL FRACT
 27220 ACETABULUM FX W/OUT REDUC
 27224 ACETABULUM FX W/OR W/OUT
 27224 ILIA/ISCHIAL/PUBIC NO FIX
 27224 ILLIAC/ISCHIAL/PUBIC FIX.
 27230 FEMUR FRACTURE PROXIMAL E
 27234 OPEN FEMUR FX W/SKELETAL
 27235 IN SITU PIN IMPACTED FEMU
 27236 FEMUR FX W/ FIX. OR PROST
 27252 MANIPULATE REDUCT HIP DIS
 27254 HIP DISLOCATE. W/ACETABUL
 27275 HIP JOINT MANIPULATION
 27280 SACRO-ILIAC JOINT ARTHROD
 27284 HIP JOINT ARTHRODESIS
 27290 HIND QUARTER AMPUTATION
 27301 I&D DEEP ABSCESS THIGH/KN
 27303 OPEN OF CORTEX (KNEE)
 27310 ARTHROTOMY KNEE W/FOREIGN
 27310 ARTHROTOMY W/KNEE EXPLORE
 27323 DEEP BX KNEE/THIGH AREA
 27328 EXCISION DEEP TUMOR THIGH/KNEE
 27465 FEMORAL SHORTENING
 27466 FEMORAL LENGTHENING
 27470 ARREST EPIPHYSEAL DISTAL
 27470 REPAIR MALUNION FEMUR DIS
 27477 ARREST EPIPHYSEAL TIBIA/F
 27479 ARREST EPIPHYSEAL KNEE
 27485 HEMI-EPIPHSEAL ARREST
 27500 FEMUR SHAFT FRACTURE (CLO
 27506 FEMUR SHAFT FX W/OR W/OUT
 27516 EPIPHYSIS FEMUR W/TRACTIO
 27524 PATELLA FX W/REPAIR OR EX
 27536 TIBIA FX W/OR W/OUT SKEL.
 27552 MANIPULATE KNEE DISLOCATI
 27562 MANIPULATE PATELLA DISLOC
 27566 DISLOCATION W/ PATELLECTO
 27566 DISLOCATION W/OUT PATELLE
 27570 MANIPULATE KNEE JOINT
 27590 AMPUTATE THIGH THROUGH FE
 27591 AMPUTATE THIGH WITH FITTI
 27594 AMPUTATED THIGH SCAR REVI
 27596 RE-AMPUTATION THIGH
 27598 DISARTICULATION AT KNEE
 27603 I&D DEEP ABSCESS LEG
 27610 INCISION BONE CORTEX LEG/
 27613 SUPERFICIAL BX LEG/ANKLE
 27614 DEEP BIOPSY LEG/ANKLE
 27618 EXCISION TUMOR SUBCUTANEOUS LE
 27619 EXCISION TUMOR DEEP LEG/ANKLE
 27330 ARTHROTOMY KNEE W/SYNOVIA
 27331 MENISCECTOMY
 27334 SYNOVECTOMY ANTERIOR/POST
 27345 EXCISION BAKER'S CYST (SYNOVIA
 27350 PATELLECTOMY/HEMIPATELLEC
 27373 ARTHROSCOPY KNEE
 27376 ARTHROSCOPY KNEE W/ BIOPS
 27378 ARTHROSCOPY PARTIAL MENISEC
 27390 TENOTOMY HAMSTRNG/KNEE TO
 27402 RECONSTRUCT ANTERIOR CRUC
 27405 REPAIR PRIMARY TORN LIGAM
 27407 REPAIR CRUCIATE LIGAMENT
 27420 REBUILD DISLOCATING PATEL
 27424 PATELLECTOMY
 27430 BENNETT OR THOMPSON PROCE

27130 TOTAL HIP REPLACEMENT

27437 ARTHROPLASTY PATELLA
27438 ARTHROPLASTY PATELLA W/IM
27440 KNEE ARTHROPLASTY TIB. PL
27447 ARTHROPLASTY TOTAL KNEE
27455 CORRECT GENUS VARUS
27455 OSTEOTOMY (CORRECT GENU V

Tibia, Ankle & Foot

27705 OSTEOTOMY TIBIA
27707 OSTEOTOMY FIBULA
27709 OSTEOTOMY TIBIA/FIBULA
27712 MULT OSTEOTOMIES LEG/ANKL
27715 LENGTHENING TIBIA/FIBULA
27720 REPAIR NONUNION TIBIA
27722 SLIDING BONE GRAFT TIBIA
27722 TRIMALLE FX W/OR W/OUT FI
27724 AUTOGENOUS GRAFT TIBIA
27727 BONE GRAFT TIBIA W/FIBULA
27730 EPIPHYSEAL ARREST TIBIA
27732 EPIPHYSEAL ARREST FIBULA
27740 EPIPHYSEAL ARREST LEG
27756 TIBIA FX W/SKELETAL FIX.
27792 FIBULA FX W/SKEL FIX.
27806 TIBIA/FIBULA FX W/OUT FIX
27806 TIBIA/FIBULA FX W/SKEL FI
27814 BIMALLE. ANKLE FRAC W/FIX
27814 BIMALLE. ANKLE FX W/O FIX
27842 ANKLE DISLOCATION W/REDUC
27870 ANKLE FUSION ANY METHOD
27880 AMPUTATE LEG-TIBIA/FIBULA
27881 AMPUTATE LEG W/FITTING
27884 REVISED SCAR AMPUTATED LE
27888 AMPUTATE ANKLE (eg SYME)
27620 ARTHROTOMY ANKLE FOR BIOP
27625 ARTHROTOMY ANKLE (SYNOVEC
27630 EXCISE GANGLION CYST LEG/
27635 EXCISE BONE CYST/TUMOR LE
27640 PART EXCISION TIBIA(OSTEOMYELI
27641 PART EXCISION FIBULA(OSTEOMYEL
27645 RADIAL RESECTION FOR TUMOR T
27646 RADIAL RESECTION FOR TUMOR F
27650 REPAIR ACHILLESION TENDON
27652 REPAIR ACHILLESION TENDON W/
27656 REPAIR FASCIAL DEFECT
27658 REPAIR TENDON W/OUT GRAFT
27664 REPAIR EXTENSOR TENDON LE
27695 REPAIR LIGAMENT ANKLE
27698 WATSON-JONES PROCEDURE (A
27700 ARTHROPLASTY ANKLE
27702 ANKLE ARTHROPLAS. &IMPLAN
27704 IMPLANT REMOVAL ANKLE
28001 I&D BURSA FOOT
28005 DEEP INCISION FOOT OSTEOM
28020 ARTHROTOMY FOOT
28043 EXCISION DEEP TUMOR FOOT
28090 EXCISE GANGLION CYST FOOT
28100 EXCISE BONE CYST FOOT
28103 BONE GRAFT FOOT
28106 AUTOGEN. BONE GRAFT FOOT
28110 PARTIAL EXCISION 5TH METATARSAL
28192 REMOVE FOREIGN BODY FOOT
28200 FLEXOR TENDON REPAIR FOOT
28230 TENOTOMY FLEXOR FOOT
28234 TENOTOMY FLEXOR TOE
28236 TENDON TRANSFER TIBIA-TAR

28286 REPAIR COCK-UP FIFTH TOE
28290 BUNIONECTOMY(HALLUX VALGU
28320 REPAIR NONUNION TARSAL
28415 OS CALCIS FX W/O SKEL FIX
28415 OS CALCIS FX W/SKEL. FIX
28485 TARSAL BONE FX W/OUT FIX
28485 TARSAL BONE FX W/SKEL FIX
28495 GREAT TOE FX W/ MANIPULAT
28525 TOE FX W/ OR W/O SKEL FIX
28750 GREAT TOE ARTHRODESIS
28800 AMPUTATION FOOT
28820 AMPUTATION TOE

Nerve Procedures

64415 BRACHIAL PLEXUS BLOCK
64417 AXILLARY BLOCK
64420 INTERCOSTAL BLOCK
64445 SCIATIC BLOCK
64450 OTHER PERIPHERAL BLOCK
64510 STELLATE GANG.SYMPATHETIC
64520 LUMBAR SYMPATHETIC
64530 CELIAC PLEXUS BLOCK
64702 NEUROLYSIS DIGITAL
64704 NEUROLYSIS HAND/FOOT
64708 PERIPH. NERVE NEUROLYSIS
64712 SCIATIC NEUROLYSIS
64713 BRACHIAL PLEXUS NEUROLYSI
64714 LUMBAR PLEXUS NEUROLYSIS
64716 TRANSPOSIT. CRANIAL NERVE
64718 NEUROLYSIS ULNAR AT ELBOW
64719 NEUROLYSIS ULNAR AT WRIST
64721 NEUROLYSIS CARPAL TUNNEL
64732 SUPRAORBITAL AVULSION
64734 INFRAORBITAL AVULSION
64736 MENTAL AVULSION
64740 LINGUAL AVULSION
64744 GREATER OCCIPITAL AVULSIO
64774 NEUROMA CUTANEOUS NERVE
64776 NEUROMA DIGITAL NERVE
64782 NEUROMA HAND/FOOT
64784 NEUROMA PERIPH.NERVE
64786 NEUROMA SCIATIC
64788 NEUROFIBROMA/NEURILEMMOMA
64814 HYPOGASTRIC NEURECTOMY
64831 REPAIR NERVE DIGITAL
64834 REPAIR NERVE HAND/FOOT
64835 NEURORRHAPHY MEDIAN MOTOR
64836 REPAIR NERVE ULNAR MOTOR
64840 REPAIR NERVE POST.TIBIAL
64856 REPAIR NERVE ARM/LEG
64858 REPAIR NERVE SCIATIC
64890 NERVE GRAFT HAND/FOOT
64892 NERVE GRAFT ARM/LEG
64895 NERVE GRAFT MULT.HAN

Pain Management Treatment:

EPIDURAL STEROID INJECTIONS (ESI)

62310 INTERLAMINAR – CERVICAL OR
THORACIC
62311 INTERLAMINAR – LUMBAR OR SACRAL
77003 FLUOROSCOPIC. NEEDLE GUIDANCE
(SPINAL)
64479 TRANSFORAMINAL – CERVICAL OR
THORACIC (FIRST LEVEL)
64480 TRANSFORAMINAL – CERVICAL OR
THORACIC(EACH ADDITIONAL)
64483 TRANSFORAMINAL – LUMBAR OR SACRAL
(FIRST LEVEL)
64484 TRANSFORAMINAL – LUMBAR OR SACRAL
(EACH ADDITIONAL)

28285 REPAIR HAMMERTOE

FACET JOINT PROCEDURES / INTRAARTICULAR JOINT OR MEDIAL BRANCH BLOCK (MBB)

64490 CERVICAL OR THORACIC (1ST LEVEL OR SITE)
64491 CERVICAL OR THORACIC (2ND LEVEL OR SITE)
64492 CERVICAL OR THORACIC (3RD LEVEL OR SITE)
64493 LUMBAR OR SACRAL (1ST LEVEL OR SITE)
64494 LUMBAR OR SACRAL (2ND LEVEL OR SITE)
64495 LUMBAR OR SACRAL (3RD LEVEL OR SITE)

RADIOFREQUENCY ABLATION (RFA)

64633 CERVICAL OR THORACIC (1ST JOINT)
64634 CERVICAL OR THORACIC (EACH ADDITIONAL JOINT)
64635 LUMBAR OR SACRAL (1ST JOINT)
64636 LUMBAR OR SACRAL (EACH ADDITIONAL JOINT)

VERTEBROPLASTY

22520 THORACIC (1ST LEVEL)
22522 THORACIC (EACH ADDITIONAL LEVEL)
22521 LUMBAR (1ST LEVEL)
22522 LUMBAR (EACH ADDITIONAL LEVEL)

KYPHOPLASTY

22523 THORACIC (1ST LEVEL)
22525 THORACIC (EACH ADDITIONAL LEVEL)
22524 LUMBAR (1ST LEVEL)
22525 LUMBAR (EACH ADDITIONAL LEVEL)
77291 FLUOROSCOPIC GUIDANCE (RADIOLOGIC SUPERVISION & INTERPRETATION) FOR VERTEBROPLASTY OR KYPHOPLASTY
72292 UNDER CT GUIDANCE

SPINAL CORD STIMULATOR

63650 PERCUTANEOUS IMPLANT OF ELECTRODE ARRAY
63650 PERCUTANEOUS IMPLANT OF ELECTRODE ARRAY
63685 INSERTION OR REPLACEMENT OF PULSE GENERATOR
63655 LAMINECTOMY FOR IMPLANT OF NEUROSTIMULATOR ELECTRODE, PADDLE
63685 INSERTION OR REPLACEMENT OF PULSE GENERATOR
63661 REMOVAL OF SPINAL NEUROSTIMULATOR PERCUTANEOUS ARRAY(S)
63662 REMOVAL OF APINAL NEUROSTIMULATOR PADDLE ELECTRODE
63688 REMOVAL OF PULSE GENERATOR (INCLUDES 10-DAY GLOBAL)

DISCOGRAPHY

62291 DISCOGRAM / DISCOGRAPHY – CERVICAL/THORACIC (EACH DISC)
72285 SUPERVISION & INTERPRETATION OF FLUOROSCOPY – CERVICAL/THORACIC (EACH DISC)
62290 DISCOGRAM / DISCOGRAPHY – LUMBAR (EACH DISC)
72295 SUPERVISION & INTERPRETATION OF FLUOROSCOPY – LUMBAR (EACH DISC)

PHYSICAL THERAPY – BEYOND THE FIRST 12 VISITS

Diagnostic Imaging

MRI
CT Scan
Bone Scan
Arthrogram

Brentwood Services Administrators, Inc.
Procedure for Preauthorization for Medical Treatment



The health care provider/requester shall contact the Brentwood office at 704-543-0087 to request prior authorization. The adjuster assigned to the claim will review the request and if deemed to be related to the accepted injury, a referral will be made to the preauthorization agent, Occupational Managed Care Alliance, Inc., (OMCA). The adjuster will provide the health care provider or the person making the request the following contact information for the preauthorization agent -- Name: OMCA, Phone: 800-633-5960, fax: 800-592-2945, e-mail: UR@omca.biz. Delivery of a request for preauthorization to the claims adjuster shall constitute receipt of the preauthorization request.

CLAIMS & INJURY MANAGEMENT
PREVENTION SERVICES

OMCA is available via phone at 800-633-5960 between the hours of 8:00 a.m. and 8:00 p.m. EST/EDT every business day (excludes weekends and holidays). OMCA is also available via fax and e-mail regarding a pending request for preauthorization. OMCA shall verbally respond to a preauthorization request within two (2) working days. If agreed to by OMCA and the requesting agent, a delay of up to seven (7) days may be allowed (this frequently occurs when treatment records necessary for review are not immediately available). If the determination is a denial, OMCA shall provide a statement with supporting documentation of the substantive clinical justification for a denial of preauthorization, including the relevant clinical criteria upon which the denial is based. Denials based upon lack of information shall specify what information is needed to make a determination. This statement will be faxed to the requesting health care provider, and a copy will be mailed to the patient within one (1) working day of the denial determination. This written denial shall also include the appeal rights as follows:

“If you disagree with our determination, you may request an appeal by telephone, fax, e-mail or in writing. You must make the request for an appeal within fourteen (14) working days from the date of this notice directly to: OMCA, P.O. Box 20908, Louisville, KY 40250-0908; or call 800-633-5960, fax: 800-592-2945 or e-mail ur@omca.biz. Monday - Friday 8:00 a.m. – 8:00 p.m. EST/EDT. OMCA will complete its appeal and notify you of the decision within ten (10) working days.”

Note: the appealing party has a right to seek authorization for any denied treatment from the NC Industrial Commission.

The following person has authority over all decision-making for preauthorization determinations (in addition to the claims adjuster):

Rosalie Faris, RN, BSN, CCM, COHN-S
Sr. VP Managed Care
OMCA

P.O. BOX 1125
BRENTWOOD, TN 37024-1125
www.brentwoodservices.com
TEL 615.263.1300
FAX 615.263.1301

Louisville, KY 40250

800-633-5960

Normal business hours: 9:00 a.m. – 5:00 p.m. EST/EDT Monday – Friday.

OMCA shall utilize ODG for all clinical reviews. If the UR nurse determines that the request does not meet ODG guidelines, the file will be referred to an appropriate Peer Review Physician for determination.

Peer Reviewer Physicians Listing

Last	First	Degree	License	Specialty	Board Cert
Barth, PhD.	Robert	PhD	TN- 1612	Neuropsychology	N/A
Bergia, MD	Berta	MD	TN-17849	Neurology /Clinical Neurophysiology Sleep Medicine	Neurology, Clinical Neurophysiology/ Sleep Med
Buck, MD	Brian	MD	TN-44897	PM&R	P M & R
Ensalada, MD	Leon	MD, MPH	TN0420010521	Anesthesia, Pain MG	Anesthesia
Ford, MD	Kenneth	MD	TN47106	Orthopedic Surgery	Orthopaedic Surgery
Garcia, Jr., MD	Peter	MD	TN 44882	Orthopaedic Surgery	Orthopaedic Surgery
Goldsmith, MD	Gregory	MD	TN 46710	Orthopedic Surgery	Orthopaedic Surgery
Greenfield	David	TMD	TN-29195	Thoracic Surgery	Thoracic and Cardiac Surgery
Janisse-McCarty	Donna	DC	TN 6926476	Chiropractor	N/A
Loubser	Paul	MD	GA 50859	Anesthesiology	Anesthesiology
Lutz, DO	Richard	DO	TN 2338	Orthopedic Surgery	Orthopedic Surgery
Mazzella	William	MD	NC-200101093	Internal Medicine	Internal Medicine
Mendez	Manuel	DC	TN 681	Chiropractor	N/A
Obermiller, MD	John	MD	TN 44893	PM&R	P M & R
Schroder, MD	David	MD	VA- 0101250899	Orthopedic Surgery	Orthopaedic Surgery
Talmage, MD	James	MD	TN11907	Orthopaedic Surgery Emergency Med	Orthopaedic Surgery, Emergency Med
Weiss	Robert	MD	TN 15482	Neurosurgery	Neurosurgery