

The Elective Spinal Surgery Clinical Review model

Includes:

- Any request for spinal surgery inclusive of Fusions, Micro-discectomies, Discectomies, Laminectomies, Foraminotomies, Fixations and Disc Replacements/Arthroplasties (all of which should include a request for a spinal surgery MBS item number). *If you are unsure by the surgical description if it is indeed a request for spinal surgery, check if the requested MBS item(s) appears on the list at the end of this document.*

Does not include (Exclusion Criteria):

- Spinal injections (including Medial Branch Blocks)
- Radio Frequency Denervations (RFDs)
- Spinal Cord Stimulators or other IPTs (which have their own review process)
- Diagnostic Procedures
- Retrospective requests (which are handled at the Agent level - yet a SAP *billing* review referral can be made)

A request for spinal surgery addressed to an Agent must include:

- A detailed description of the proposed surgical procedure(s)
- A detailed description of the worker’s clinical symptoms and physical signs (copies of the surgeon’s letters to the worker’s GP (including for the initial consultation) are usually sufficient)
- A copies of relevant radiology reports (the latest to be less then twelve months old). Usually a MRI
- A list of the MBS item(s) the surgeon intends to invoice
- If clinical symptoms and radiology reports do not correlate, an explanation as to why

This information is a minimum requirement and does not attract a fee. If the surgeon does not provide this information, consider requesting their clinical notes.

AGENTS MUST:

- Confirm that liability for the spinal injury has been accepted (if a non-spinal surgeon IME is arranged to determine liability, do NOT ask the examiner to comment on the surgery request itself as this is outside of their expertise)
- Confirm that the requesting surgeon has provided clinical justification, radiology reports and MBS items
- Initiate the Surgery Process in Novus, generate the Novus USR MA: Refer to Medical Advisor task and complete “*Referral details*” on Medical Advisor Referral and Recommendation Eform
FOR ALL LUMBAR FUSION REQUESTS on *task description box* type “Lumbar Spinal Fusion review” and provide your contact details (full name, full phone no. and email address) then transfer task to WorkSafe HDSG Spinal Surgery Novus work queue. **Please link the relevant information to the task Documents Tab**
- FOR ALL OTHER TYPES OF SPINAL SURGERY REQUESTS** on *task description box* type “Elective Spinal Surgery Review” and provide your contact details (full name, full phone no. and email address) then transfer task to your MA work queue. **Please link the relevant information to the task Documents Tab.** The MA will determine if referral to WorkSafe is required (via the HDSG Spinal Surgery Novus work queue)

OR proceed by a Fast Track approval if one of the following criteria is met:

- The request is clinically urgent (for example if the request indicates rapid onset Cauda Equina symptoms (bladder/bowel incontinence, saddle paraesthesia). MA walk ups are to be used - or at least review by a IMA
- Complications (such as infection) following recently approved surgery
- There is a binding Medical Panel Opinion
- Recent spinal surgeon IME report or MD IME report explicitly states that the specific surgery requested is warranted (*e.g. a L4/5 ALIF would be appropriate, but the originally requested L4/5, L5/S1 ALIF is not*)

WorkSafe Process for Elective Spinal Surgery

The MA will determine if the clinical request can be approved, and what the appropriate MBS items are. If the MA is not able to approve the request, WorkSafe will arrange a desktop review by consultant spinal surgeons who are members of the Surgery Advisory Panel (SAP).

The outcome of a SAP review for the Agent to action will be one of:

- Approve (with or without a variation to the proposed MBS items)
- Deny (WorkSafe will draft a Surgery Rejection letter in Novus)
- Further information required (either for access to the worker’s medical imaging online and/or the Agent is to seek other specified information and send it to WorkSafe Clinical Panel when received)
- WorkSafe Clinical Panel will provide The MD IME appointment to the Agent. Agent follows MD IME work practice and needs to action the resulting recommendations from the examiners accordingly

Every approval for spinal surgery must be communicated to the requesting surgeon using the spinal surgery approval letter template available on Agent Online, including listing the approved MBS items. Do NOT place the requesting surgeon as a ‘cc’ on the worker’s approval letter (as that letter does not refer to the approved MBS items specifically).

Spinal Surgery MBS (Medicare Benefits Schedule) items numbers

Each spinal surgery request will be accompanied by one or more of the following MBS items:

Spinal Decompression	51011 to 51015 (5 items)
Spinal Instrumentation (cervical, thoracic and lumbar)	51020 to 51026 (7 items)
Posterior and/or posterolateral (intertransverse or facet joint) bone graft (cervical, thoracic and lumbar)	51031 to 51036 (6 items)
Anterior column fusion, with or without implant, or limited vertebrectomy (less than 50%) and anterior fusion (cervical, thoracic and lumbar)	51041 to 51045 (5 items)
Spinal osteotomy and/or vertebrectomy	51051 to 51059 (9 items)
Anterior and posterior (combined) spinal fusion under one anaesthetic via separate incisions	51061 to 51066 (6 items)
Intradural procedures	51071 to 51073 (3 items)
Miscellaneous spinal procedures (cervical, thoracic and lumbar)	51102 to 51171 (19 items)

Please note: The items in the Miscellaneous spinal procedures category aren’t necessarily consecutive numbers. The most common items in this category to be requested are: 51120, 51130, 51131, 51140, 51141, 51145, 51160 and 51165 (the latter two items might be billed separately by an assistant surgeon. They can apply for lumbar fusion surgery with an anterior approach. For example, 51160 for a one level Anterior Lumbar Interbody Fusion (ALIF), and 51165 for two or more level ALIF).