



**Subject:** Spinal Fusion Surgery\*

**Effective Date:** January 27, 2015

**Department(s):** Utilization Management

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**Policy:** Spinal fusion surgery and related procedures are reimbursable for medically necessary indications as delineated in this policy, under Plans administered by Qualcare, Inc.

**Objective:** To assure proper and consistent reimbursement and to provide objective criteria for a medically necessary service.

**Procedure:** Spine fusion surgical procedures will be considered medically necessary for the following indications with medical documentation as specified below.

**A. Cervical spine fusion:**

CPT codes:

Fusion - 22318, 22319, 22326, 22548, 22551, 22552, 22554, 22585, 22590, 22595, 22600, 22614, 22851

Grafts -20930, 20931, 20936, 20937, 20938

Instrumentation – 22845-22846

Additional decompression – 63075, 63081

**ICD-9 codes:** 170.2, 213.2, 238.0, 721.0, 721.1, 722.0, 722.2, 722.6, 722.71, 723.0, 723.1, 723.4, 729.2, 730.0, 730.08, 730.19, 730.28, 730.29, 738.4

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**ICD-10codes:** C41.2, D16.6, D48.0, M47.21, M47.22, M47.23, M47.811, M47.812, M47.813, M47.891, M47.892, M47.893, M47.011 through M47.029, M47.11, M47.12, M47.13, M50.20 through M50.23, M50.90 through M50.93, M 51.34, M50.00 through M50.03, M48.01, M48.02, M48.03, M99.20, M99.21, M99.30, M99.31, M99.40, M99.4, M99.50, M99.5, M99.60, M99.61, M99.70, M99.71, M54.2, M54.10, M54.11, M54.12, M54.13, M54.18, M79.2, M86.00, M86.08, M86.10, M86.18, M86.20, M86.28, M86.39, M86.49, M86.59, M86.69, M86.8X0, M86.9, M46.20 through M46.23, M43.00 through M43.03, M43.09 through M43.13, M43.19

Specific Indications:

- A1. Acute traumatic injury with instability on imaging due to Vertebral body fracture, posterior element fracture with subluxation, or vertebral body dislocation and the surgeon determines that nonsurgical reduction and immobilization is not appropriate.
- A2. Vertebral body destruction by imaging with confirmed osteomyelitis by bone or gallium scan, bone aspirate or biopsy.
- A3. Primary bone tumor of the spine on CT or MR imaging, confirmed by biopsy and the surgeon determines that the excision will cause vertebral instability.
- A4. Atlantoaxial (C1-C2 levels) subluxation >5 mm not due to trauma, with either a congenital abnormality of C1-C2, rheumatoid arthritis with associated pain and/or radiculopathy/myelopathy, or os odontoides (separation of the dens and the body of C2).
- A5. Nontraumatic spine instability with x-ray imaging indicating relative sagittal plane angulation > 11 degrees (angulation of the vertebral interspace of concern compared to an adjacent level), or flexion/extension films indicating sagittal plan translation of > 3mm or 20% of vertebral body width associated with neck pain that interferes with activities of daily

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living that is unrelieved by activity modification and physical therapy over 12 weeks.

A6. Cervical disc herniation and/or spondylosis with spinal stenosis demonstrated on MRI or CT myelography, and associated unilateral radiculopathy with sensory and/or mild to moderate motor deficit that does not improve with six weeks of NSAID medication (unless contraindicated) and activity modification, or worsens during the six week conservative treatment. The presence of severe motor deficit (less than full range of motion with gravity eliminated or less than 2/5 graded by physical exam) does not require a conservative treatment trial.

A7. Myelopathy with spinal cord compression by MRI or CT myelography due to disc herniation, spondylosis or posterior longitudinal ligament ossification **and**

- mild to moderate myelopathy involving symptoms in the upper extremities or unsteady gait should have trial of NSAIDs for at least 3 weeks (unless contraindicated) and activity modification for 12 weeks **or**
- severe myelopathy including bilateral upper/lower extremity symptoms, bowel/bladders symptoms, spasticity or loss of dexterity - this presentation requires urgent evaluation and treatment without conservative interventions.

A8. Pseudoarthrosis with prior spinal fusion at least 12 months prior that is confirmed on radiographs and/or CT imaging, **and** there is lack of response to at least 3 months of physical therapy, activity modification and analgesics.

## **B. Thoracic spine fusion**

CPT codes

Fusion - 22532, 22556, 22585, 22610, 22614,

Grafts - 20930 through 20938

Instrumentation - 22840 through 22855

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Additional decompression - 63081 through 63091

**ICD-9 codes:** 170.2, 213.2, 238.0, 344.6, 344.60, 721.2, 721.4, 721.41, 721.90, 721.91, 722.11, 722.5, 722.51, 722.6, 722.70, 722.72, 722.82, 724.00, 724.1, 724.01, 730.0, 730.08, 730.19, 730.28, 730.29, 738.4

**ICD-10 codes:** C41.2, D16.6, D48.0, G83.4, M47.24, M47.25, M47.814, M47.815, M47.894, M47.895, M47.14, M47.15, M47.20, M47.819, M47.899, M47.9, M47.10, M51.24, M51.25, M51.34 through M51.37, M51.04, M51.05, M96.1, M48.00, M54.6, M48.04, M48.05, M99.22, M99.32, M99.42, M99.52, M99.62, M99.72, M86.00, M86.08, M86.10, M86.18, M86.20, M86.28, M86.39, M86.49, M86.59, M86.69, M86.8X0, M46.20 through M46.28, M86.9, M43.04, M43.05, M43.13, M43.14, M43.15, M43.19

Specific Indications:

- B1. Acute traumatic injury with instability on imaging due to vertebral body fracture, posterior element fracture with spondylolisthesis, or vertebral body dislocation and the surgeon determines that nonsurgical reduction and immobilization is not appropriate.
- B2. Vertebral body destruction by imaging with confirmed osteomyelitis by bone or gallium scan, bone aspirate or biopsy.
- B3. Primary bone tumor of the spine on CT or MR imaging, confirmed by biopsy and the surgeon determines that the excision will cause vertebral instability.

**C. Lumbar spine fusion**

CPT codes:

Fusion – 22533, 22558, 22585, 22612, 22614, 22630, 22632, 22633, 22634

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Grafts - 20930 through 20938

Instrumentation - 22840 through 22855

Additional decompression - 63047, 63048

**ICD-9 codes-**170.2, 192.2, 213.2, 225.3, 238.0, 344.6, 344.60, 721.3, 722.10, 722.2, 722.5, 722.51, 722.52, 722.6, 722.7, 722.70, 722.73, 738.4, 738.5, 756.11, 756.12

**ICD-10 codes:** C41.2, C72.0, C72.1, D16.6, D33.4, D48.0, G83.4, M47.26, M47.27, M47.816, M47.817, M47.896, M47.897, M51.26, M51.27, M51.9, M51.34 through M51.37, M51.9, M51.06, M43.00, M43.05, M43.06, M43.07, M43.09, M43.10, M43.15, M43.16, M43.17, M43.19, M43.9, M99.83 Q76.2

Specific indications:

- C1. Acute traumatic injury with instability on imaging due to vertebral body fracture, posterior element fracture with subluxation, or vertebral body dislocation and the surgeon determines that nonsurgical reduction and immobilization is not appropriate.
- C2. Vertebral body destruction by imaging with confirmed osteomyelitis by bone or gallium scan, bone aspirate or biopsy.
- C3. Primary bone tumor of the spine on CT or MR imaging, confirmed by biopsy and the surgeon determines that the excision will cause vertebral instability.
- C4. Nontraumatic spine instability with x-ray imaging indicating relative sagittal plane angulation > 11 degrees (angulation of the vertebral interspace of concern compared to an adjacent level), or flexion/extension films indicating sagittal plan translation of > 3mm or 20% of vertebral body width, associated with low back pain that interferes with activities of daily living that is unrelieved by activity modification and

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physical therapy or provider instructed home exercise program over 6 months.

C5. Degenerative disc disease documented by MRI, with normal neurologic examination findings, associated with chronic low back pain present for at least 12 months that interferes with activities of daily living that is unrelieved during this time by analgesics, and activity modification and physical therapy or provider instructed home exercise program for 6 months.

C6. Lumbar spinal stenosis documented by CT or MRI with **any** of the following conditions:

- failed back surgery syndrome( including instability, flat back)
- plan for correction of deformity( degenerative scoliosis or degenerative kyphosis)
- instability as described above in section C4

**and** chronic low back pain that interferes with activities of daily living that is unrelieved by analgesics, activity modification and physical therapy or provider instructed home exercise program for 12 weeks. Note- in the absence of deformity or instability, lumbar fusion has not been shown to improve outcomes for isolated lumbar stenosis.

C7. Lumbar disc herniation with radiculopathy and **any** of the following:

- Chronic (> 6months) axial back pain
- severe degenerative changes on imaging
- instability with x-ray imaging indicating relative sagittal plane angulation > 11 degrees (angulation of the vertebral interspace of concern compared to an adjacent level), or flexion/extension films indicating sagittal plan translation of > 3mm or 20% of vertebral body width.

C8. Recurrent lumbar disc herniation with radiculopathy and **either** chronic (>6 months) low back pain **or** instability as defined above in section C7.

- C9. Pseudoarthrosis of a prior spinal fusion at least 12 months prior that is confirmed on radiographs and/or CT imaging, **and** there is lack of response to at least 3 months of physical therapy, activity modification and analgesics.
- C10. Lumbar spondylolysis (pars interarticular fracture)/isthmic spondylolisthesis demonstrated on radiographs with associated low back pain **and** either multiple spine level involvement **or**, for single spine level involvement, failure of 6 months of physical therapy, activity modification and analgesics.
- C11. Cauda equina syndrome undergoing decompressive laminectomy.

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.

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