Lumbar Fusion

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Coverage Policy	Surgical 118
Version	3

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Lumbar Fusion of the spine.

Description & Definitions:

Lumbar Fusion is a procedure that unites(fuses) two or more vertebral bodies together. The goal is to restrict spinal motion, provide stability and relieve pain. All involve the placement of a bone graft between the vertebrae. Fusion can be performed with or without supplemental hardware (instrumentation) such as plates, screws or cages for additional stability. Fusion can be performed at the Cervical, Thoracic, lumbar or sacral levels.

Criteria:

Lumbar Fusion (regardless of the technique, which includes non-instrumental fusion) is considered medically necessary for **ALL** of the following:

- Individual meets **1 or more** of the following:
  - The individual must be a nonsmoker and in the absence of progressive neurological compromise will refrain from use of tobacco products for at least 6 weeks prior to the planned surgery and 6 weeks after the surgery
  - If individual is a smoker, cessation must be confirmed by a negative urine nicotine test, prior to surgery approval.
- Lumbar spinal stenosis treatment needed, as indicated by **ALL** of the following:
  - Individual meets **1 or more** of the following:
    - Spinal cord compression
    - Spinal stenosis causing cauda equina syndrome
    - Spinal stenosis causing myelopathy
    - Spinal stenosis causing severe muscle weakness (graded 4 minus or less on MRC scale)
    - Progressive neurological deficit on serial examinations
    - Rapidly progressive or very severe symptoms of neurogenic claudication with imaging findings of lumbar spinal stenosis that correlate to clinical findings

        - Leg or buttock neurogenic claudication symptoms and **ALL** of the following:
            - Symptoms that are persistent and disabling
            - Imaging findings of lumbar spinal stenosis that correlate with clinical findings (eg match dermatomal distribution or would be expected to result from specific nerve compression)
            - Failure of 6 weeks of nonoperative therapy including **ALL** of the following:
                - NSAIDs, oral steroids, gabapentin/Lyrica, muscle relaxant, opioids
                - Physical therapy
                - Epidural steroid injections/nerve root blocks
    - **Spinal stenosis** (central, lateral recess or foraminal stenosis) graded by a board-certified radiologist as moderate, moderate to severe or severe (not mild or mild to moderate) with unremitting pain, with stenosis confirmed by imaging studies (e.g., CT or MRI) at the level corresponding to neurological findings.
- Individual has diagnoses of **1 or more** of the following at each level to be included in the fusion:
    - **Infection** (including tuberculosis) involving the spine in the form of discitis, osteomyelitis or epidural abscess **in 1 or more** of the following cases:
        - Instability is present
        - Debridement and/or decompression is anticipated to result in instability
    - **Tumor** involving the spine or spinal canal in **1 or more** of the following cases:
        - Instability is present
        - Resection and/or decompression is anticipated to result in instability
    - **Traumatic injuries**, including fractures, fracture-dislocations, dislocations, or traumatic ligamentous disruption in **1 or more** of the following cases:
        - Instability is present
        - Decompression of the spinal canal is anticipated to result in instability
        - Bracing even though an option, not feasible secondary to medical status, additional injuries or comorbidities
    - **Deformity** that includes the lumbar spine (eg, scoliosis that is restricted to the lumbar spine or a thoracolumbar deformity that ends in the lumbar spine) that meets **ALL** of the following criteria:
        - Sagittal or coronal imbalance of at least 5 cm is present, as measured on long-plate, standing radiographs of the entire spine OR documented progression of deformity by at least 10° as measured on consecutive radiographs over a one year period OR a fixed curve greater than 30° in the coronal plane OR lateral listhesis of at least 10% OR proximal junctional kyphosis defined as a segmental Cobb angle of at least 10° or 10° of progression from the immediate postoperative images
        - Substantial functional limitation including severe back pain, difficulty ambulating and decreased ability to perform activities of daily living
        - Failure of nonoperative treatment
    - **Stenosis in the lumbar spine** (either central or foraminal), as an adjunct to decompression (either direct or indirect, the latter of which can be affected via a lateral interbody fusion or anterior interbody fusion with disc space distraction and realignment), that meet **1 or more** of the following criteria:
      (**note**: assumption is that the patient fulfills criteria for stenosis decompression as per Lumbar Laminectomy Coverage Recommendation)
        - Dynamic instability is present, as documented by flexion-extension radiographs or comparison of a supine and upright image, defined as a difference in translational alignment between vertebrae greater than 3 mm between views, graded by a board-certified radiologist confirmed by imaging studies (e.g., CT or MRI) at the level corresponding to the request for fusion
        - Spondylolisthesis (defined as at least 3 mm of anterolisthesis of the upper vertebra in relation to the lower vertebra) is present, either isthmic (ie, secondary to a posterior arch fracture), or traumatic, or degenerative type, or significant lateral listhesis. as graded by a board-certified radiologist as confirmed by imaging studies (e.g., CT or MRI) at the level corresponding to the request for fusion
        - Lumbar spondylolisthesis requirements to be met for each level to be fused. Child or adolescent with high-grade (greater than 50% slippage) spondylolisthesis (to prevent progression)

- Cases in which decompression will likely result in iatrogenic instability as is judged to be likely due to **1 or more** of the following:
    - Removal of 50% or more of the facets bilaterally
    - Removal of 75% or more of a single facet
    - Resection of the pars interarticularis or pars fracture
    - Recurrent stenosis, eg, that which developed at a level that has been previously operated

- **Disc herniations in the lumbar spine**, as an adjunct to disc excision, that meet **1 or more** of the following criteria: (note: assumption is that the patient fulfills criteria for discectomy as per Discectomy Coverage Recommendation)
    - Primary extraforaminal disc herniation is present at L5-S1, in which a far lateral approach is not feasible because of the presence of the iliac wings for which facet resection is necessary to retrieve the disc, which will result in iatrogenic instability
    - Primary foraminal disc herniation for which facet resection is necessary to retrieve the disc, which will result in iatrogenic instability
    - Recurrent disc herniation - a third time recurrent disc herniation or second time recurrent disc herniation associated with lumbar instability, deformity or chronic axial low-back pain
    - Primary disc herniation in the lumbar spine that is at the level of the spinal cord (ie, low lying conus medullaris) in which the surgeon determines that the surgical approach necessary to safely address the disc herniation while avoiding manipulation of the spinal cord will result in iatrogenic instability
- **Synovial facet cysts** in the lumbar spine, as an adjunct to cyst excision if **1 or more** of the following is present:
    - Removal of 50% or more of the facets bilaterally
    - Removal of 75% or more of a single facet
    - Resection of the pars interarticularis or pars fracture
    - Adjacent level stenosis, eg, stenosis that has developed above or below a previous fusion
    - Recurrent stenosis, eg, that which developed at a level that has been previously operated
- **Discogenic low back pain** secondary to a degenerated disc that meet **ALL** of the following criteria:
    - Advanced single-level disease noted on an MRI and plain radiographs of the lumbar spine, characterized by moderate to severe degeneration of the disc with Modic changes (defined as peridiscal bone signal above and below disc space in question) as compared to other normal or mildly degenerative levels (characterized by normal plain radiographic appearance and no or mild degeneration on MRI)
    - Presence of symptoms for at least 6 months AND that are not responsive to multimodal nonoperative treatment over that period that should at least include physical therapy/rehabilitation program but may also include (but not limited to) pain management, injections, cognitive behavioral therapy, and active exercise programs
    - Absence of unmanaged psychiatric disorders that can lead to symptom magnification, such as anxiety disorder, that have not been controlled
    - Absence of smoking for at least 6 weeks prior to surgery date
    - Primary complaint of axial pain, with a possible secondary complaint of lower extremity pain
- **Pseudarthrosis** in the lumbar spine that meet **ALL** of the following criteria
    - Mechanical low back pain that is approximately at the level of the pseudarthrosis, qualified as pain that can be somewhat positionally abated
    - A period of time following the index surgery during which the patient had symptomatic relief
    - Presence of symptoms for at least 6 months
    - Failure of nonoperative treatment for at least 3 months
    - CT or plain films that are highly suggestive of nonunion at a lumbar segment at which a fusion had been previously attempted. These criteria include **1 or more of the following**:
        - Lack of bridging bone
        - Dynamic motion noted on flexion-extension radiographs
        - Pedicle screw breakage

        - Screw loosening
        - Curve/correction decompensation
    - **Adjacent segment disease**, as indicated by **ALL** of the following:
        - Radiographic evidence of adjacent segment disease (eg, neural compression) that correlates with symptoms
        - Persistent disabling symptoms (low back pain, radiculopathy) with **ALL** of the following:
            - Leg or buttock neurogenic claudication symptoms and **ALL** of the following**:**
                - Symptoms that are persistent and disabling
                - Imaging findings of lumbar spinal stenosis that correlate with clinical findings
                - Failure of 6 weeks of nonoperative therapy including **ALL** of the following:
                    - NSAIDs, oral steroids, gabapentin/Lyrica, muscle relaxant, opioids.
                    - Physical therapy,
                    - Epidural steroid injections/nerve root blocks
- Instrumentation or non-instrumented fusion for **1 or more** of the following:
    - The use of **lumbar interbody cages** is indicated for arthrodesis following discectomy for **1 or more** of the following procedures:
        - Posterior lumbar interbody fusion
        - Transforaminal lumbar interbody fusion
        - (Extreme) Lateral lumbar interbody fusion
        - Anterior lumbar interbody fusion
    - **Bone Graft Materials/Substitutes** are medically necessary when used independently or together for the enhancement of bone healing for **1 or more** of the flowing:
        - Allograft-based, including demineralized bone matrix (DBM)
        - Autografts
        - Bone graft substitutes containing anorganic bone material (e.g., bovine, coral) when used alone or combined with another covered bone graft substitute
        - Ceramic or polymer-based synthetic bone graft substitutes
        - Recombinant Bone Morphogenetic Protein (rhBMP) rhBMP-2 (i.e., INFUSE® Bone Graft) is considered medically necessary for 1 or more of the following conditions:
            - In combination with a fusion device for a single-level anterior interbody lumbar fusion with **All** of the following:
                - Degenerative disc disease at one level from L2–S1
                - No more than Grade I spondylolisthesis at the involved level
    - **Pedicle screws** for spinal fixation for **1 or more** of the following:
        - Fusion adjacent to prior lumbar fusion
        - Fusion after decompression
        - Pseudoarthrosis repair
        - Revision lumbar disc surgery requiring instrumentation due to instability at previous level of surgery
        - Scoliosis and kyphosis requiring spinal instrumentation
        - Segmental defects or loss of posterior elements following tumor resection
        - Spinal trauma of all types including fractures and dislocations
        - Spondylolisthesis -- grades I to IV
        - Thoracic fractures

Lumbar Fusion is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Disc herniations as an adjunct to primary excision of a central or posterolateral disc herniation at any level in the absence of instability or spondylolisthesis
- Discogenic low back pain for any indications not included in criteria below
- Dynamic (intervertebral) stabilization (e.g., BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System,

Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and the Zodiak DynaMo System)

- Retrolisthesis, unless greater than 50% bilateral facet resection is required
- Stenosis as an adjunct to primary decompression of central and/or lateral recess stenosis in the absence of instability, foraminal stenosis, or spondylolisthesis and when greater than 50% bilateral facet resection is not required to achieve neurologic decompression
- Interlaminar lumbar instrumented fusion (ILIF)
- Interspinous and interlaminar distraction devices such as the following (not an all inclusive list):
    - Aperius PercLID System (Kyphon/ Medtronic Spine)
    - Coflex Interlaminar Technology Implant (Paradigm Spine)
    - CoRoent Extensure (Nuvasive)
    - DIAM Spinal Stabilization System (Medtronic Sofamor Danek)
    - ExtenSure (Nuvasive)
    - FLEXUS (Globus Medical)
    - Falena Interspinous Decompression Device (Mikai Spine)
    - Helifix Interspinous Spacer System (Alphatec Spine)
    - In-Space (Synthes)
    - NL-Prow Interspinous Spacer (Non-Linear Technologies)
    - Stenofix (Synthes)
    - Superion ISS Interspinous Spacer System (VertiFlex)
    - Wallis System (Abbott Spine/ Zimmer Spine)
    - X-STOP Interspinous Process Decompression (IPD) System (Kyphon/ Medtronic Spine)
    - X-STOP PEEK Interspinous Process Decompression (IPD) System (Kyphon/ Medtronic Spine)
- Interspinous fixation devices for spinal stenosis or other indications such as the following (not an all inclusive list)
    - Affix II and Affix II Mini Spinous Process Plating System (NuVasive)
    - Aileron Interspinous Fixation System (Life Spine)
    - Aspen Spinous Process Fixation System (Lanx)
    - Axle (X-Spine)
    - BacFuse (Pioneer Surgical)
    - BridgePoint (Alphatec)
    - CD Horizon Spire Fixation System (Medtronic Sofamor Danek)
    - Coflex-F (Paradigm Spine)
    - Inspan (Spine Frontier)
    - Minuteman Interspinous Interlaminar Fusion Device (Spinal Simplicity)
    - PrimaLOK (OsteoMed)
    - Octave (Life Spine)
    - SP-Fix Spinous Process Fixation System (Globus Medical)
- Surgical robots for spine surgery
    - Mazor X (Medtronic)
    - ExcelsiusGPS (Globus Medical)
    - Rosa Spine (Zimmer Biomet)
    - NuVasive (Pulse)
    - Brainlab (Cirq)
    - Curexo (Cuvis-spine)
    - Fusion Robotics (Fusion Robotics System)
- Bone graft materials and/or substitutes
    - Allograft bone graft substitutes used exclusively as stand-alone stabilization devices for fusion (e.g., TruFuse® for isolated facet fusion, NuFix™ for isolated facet fusion, BacFast® HD for isolated facet fusion)
    - Bone graft substitutes used to reduce donor site morbidity (e.g., iliac crest donor site reconstruction)

- Bone marrow aspirate processed to concentrate growth factors , stem cells or mesenchymal cells, (e.g., concentrated bone marrow aspirate, centrifuged bone marrow aspirate), used alone or in combination with other bone graft materials (e.g., allograft)
- Cell-based substitutes (e.g., mesenchymal stem cells used alone, added to other biomaterials for grafting, or seeded onto scaffolds)
- Human amniotic membrane bone graft substitute materials, including amniotic fluid stem cell substitutes
- Human growth factor substitutes (e.g., fibroblast growth factor, insulin-like growth factor)

- Recombinant Bone Morphogenetic Protein (rhBMP) rhBMP-2
  - When used for spinal fusion procedures other than single-level anterior spinal fusion (e.g., posterior lumbar fusion, transforaminal lumbar fusion, more than single-level fusion)
- Stereotactic computer-assisted (navigational) procedures
- Pedicle screws
  - Decompressive laminectomy for spinal stenosis without evidence of instability
  - Degenerative disc disease
  - Failed lumbar surgery without documentation of instability pattern or pseudarthrosis
  - First time intervertebral disc herniation
  - Isolated low back pain without spinal instability or neurologic deficits
  - Single level discectomy

Coding:

Medically necessary with criteria:

Coding	Description
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)

22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed). Additional level
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace; each additional interspace and segment (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)

22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
22849	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
22849	Reinsertion of spinal fixation device
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
22899	Unlisted procedure, spine
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

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- 2024: June – Added codes 22845-22847
- 2024: March
- 2023: October

- 2022: August, November
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- 2016: April
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- 2002: August

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- 2016: May
- 2014: May
- 2010: April
- 2007: December
- 2005: February, October
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- 2003: July

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References:

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Lumbar Fusion, SHP Surgical 118, Spinal fracture repair, Spinal stenosis, Lumbar spondylolisthesis, Adjacent segment disease, Lumbar pseudarthrosis, Severe degenerative scoliosis, Dynamic stabilization, BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty, Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, Zodiak DynaMo System, Retrolisthesis, Interlaminar lumbar instrumented fusion, ILIF, Interspinous distraction devices, interlaminar distraction devices, Aperius PercLID System, Coflex Interlaminar Technology Implant, CoRoent Extensure, DIAM Spinal Stabilization System, ExtenSure, FLEXUS, Falena Interspinous Decompression Device, Helifix Interspinous Spacer System, In-Space, NL-Prow Interspinous Spacer, Stenofix, Superion ISS Interspinous Spacer System, Wallis System, X-STOP Interspinous Process Decompression (IPD) System, X-STOP PEEK Interspinous Process Decompression (IPD) System, Interspinous fixation devices, Affix II, Affix II Mini Spinous Process Plating System, Aileron Interspinous Fixation System, Aspen Spinous Process Fixation System, Axle, BacFuse, BridgePoint, CD Horizon Spire Fixation System, Coflex-F, Inspan, Minuteman Interspinous Interlaminar Fusion Device, PrimaLOK, Octave, SP-Fix Spinous Process Fixation System, Mazor X, ExcelsiusGPS, Rosa Spine, NuVasive, Brainlab, Curexo, Fusion Robotics, surgical robots, Allograft bone graft substitutes, TruFuse®, NuFix™, BacFast® HD, Bone graft substitutes, iliac crest donor site reconstruction, Bone marrow aspirate, concentrated bone marrow aspirate, centrifuged bone marrow aspirate, bone graft materials, allograft, Cell-based substitutes, mesenchymal stem cells, Human amniotic membrane bone graft substitute materials, amniotic fluid stem cell substitutes, Human growth factor substitutes, fibroblast growth factor, insulin-like growth factor, bone graft materials, bone graft substitutes, Recombinant Bone Morphogenetic Protein, rhBMP, rhBMP-2, Decompressive laminectomy, Degenerative disc disease, lumbar surgery, pseudarthrosis, intervertebral disc herniation, Isolated low back pain, spinal instability, neurologic deficits, Single level discectomy, pedicle screws, Lumbar spinal stenosis, Spinal cord compression, Spinal stenosis, cauda equina syndrome, myelopathy, severe

muscle weakness, MRC scale, Progressive neurological deficit, Discogenic low back pain, Pseudarthrosis, Adjacent segment disease, Synovial facet cysts, Disc herniations, lumbar interbody cages, Posterior lumbar interbody fusion, Transforaminal lumbar interbody fusion, Lateral lumbar interbody fusion, Anterior lumbar interbody fusion, INFUSE® Bone Graft