SHP Lumbar Fusion

AUTH: SHP Surgical 118 (AC)

Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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.

Exceptions and Limitations

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- Lumbar fusion is **NOT COVERED** for **ANY** of the following
  - 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
- There is insufficient scientific evidence to support the medical necessity of the following types of lumbar surgeries as they are not shown to improve health outcomes upon technology review:
  - 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)
- There is insufficient scientific evidence to support the medical necessity of the following surgical robots for spine surgery as they are not shown to improve health outcomes upon technology review:
    - Mazor X (Medtronic)
    - ExcelsiusGPS (Globus Medical)
    - Rosa Spine (Zimmer Biomet)
    - NuVasive (Pulse)
    - Brainlab (Cirq)
    - Curexo (Cuvis-spine)
    - Fusion Robotics (Fusion Robotics System)
- There is insufficient scientific evidence to support the medical necessity of the following bone graft materials and/or substitutes as they are not shown to improve health outcomes upon technology review:
    - 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)
- There is insufficient scientific evidence to support the medical necessity of Recombinant Bone Morphogenetic Protein (rhBMP) rhBMP-2 for the following as it is not shown to improve health outcomes upon technology review:
    - 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)
- There is insufficient scientific evidence to support the medical necessity of Stereotactic computer-assisted (navigational) procedure as it is not shown to improve health outcomes upon technology review.
- There is insufficient scientific evidence to support the medical necessity of the following pedicle screws as they are not shown to improve health outcomes upon technology review:
    - 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
- There is insufficient scientific evidence to support the medical necessity of Lumbar Fusion for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Lumbar Fusion (regardless of the technique, which includes noninstrumented fusion) is considered medically necessary for **ALL** of the following
    - Individual meets **ALL** of the following
        - The individual must be a nonsmoker
        - 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%1 OR proximal junctional kyphosis defined as a segmental Cobb angle of at least 10° or 10° of progression from the immediate postoperative images2
        - 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
        - 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.
        - 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 can 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
- 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 following
    - Allograft-based, including demineralized bone matrix (DBM)
    - Autografts
    - Bone graft substitutes containing anorganic bone material (e.g., bovine, coral)
    - 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 **NOT COVERED** for **ANY** of the following
    - 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
- Lumbar surgeries are **NOT COVERED** for **ANY** of the following types of procedures:
    - Interlaminar lumbar instrumented fusion (ILIF)
    - Interspinous and interlaminar distraction devices such as **1 or more** of 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 **1 or more** of 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 are **NOT COVERED** for **ANY** of the following
    - 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 are **NOT COVERED** for **ANY** of the following
    - 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 is **NOT COVERED** for **ANY** of the following
    - 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)
- There is insufficient scientific evidence to support the medical necessity of Stereotactic computer-assisted (navigational) procedure as it is not shown to improve health outcomes upon technology review.
- Pedicle screws are **NOT COVERED** for **ANY** of the following
    - 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

Document History

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- Revised Dates:
    - 2022: August, November
    - 2020: August
    - 2016: April
    - 2015: February, May, September
    - 2014: January, June, August, November
    - 2013: May, June
    - 2012: February, May
    - 2011: May, June, November
    - 2010: May
    - 2009: May
    - 2008: May
    - 2006: October
    - 2004: September
    - 2002: August
- Reviewed Dates:
    - 2019: April
    - 2018: November
    - 2017: December
    - 2016: May
    - 2014: May
    - 2010: April
    - 2007: December
    - 2005: February, October
    - 2004: July
    - 2003: July
- Effective Date: May 2002

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:

- CPT 20930 - Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)
- CPT 20931 - Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)
- CPT 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)
- CPT 22532 - Manipulation of spine requiring anesthesia, any region
- CPT 22533 - Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
- CPT 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)
- CPT 22558 - Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
- CPT 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)
- CPT 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
- CPT 22610 - Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
- CPT 22612 - Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)
- CPT 22614 - Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed). Additional level
- CPT 22630 - Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
- CPT 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)
- CPT 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
- CPT 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)
- CPT 22800 - Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
- CPT 22802 – Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
- CPT 22804 – Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
- CPT 22808 – Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
- CPT 22810 – Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
- CPT 22812 - Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
- CPT 22849 – Reinsertion of spinal fixation device
- CPT 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)
- CPT 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)
- CPT 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)
- CPT 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)
- CPT 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)

- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 22867 – Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
  - CPT 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)
  - CPT 22869 – Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
  - CPT 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)
  - CPT 22899 - Unlisted procedure, spine
  - CPT 61783 -Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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