

SHP Anterior Cervical Discectomy and Fusion or Posterior Cervical Foraminotomy with or without Partial Discectomy for Cervical Radiculopathy

AUTH: SHP Surgical 117 (AC)

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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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Discectomy is a procedure that involves removal of the herniated or degenerated disc, normally thought to be the cause of pain to relieve symptoms. Discectomy can be done by the standard open procedure or by microdiscectomy which is performed with an operating microscope through a smaller incision.

Laminotomy is a procedure that involves the removal of part or all of one or both lamina of the vertebra at the involved level. This is done to decompress the spinal canal in cases of spinal stenosis.

Foraminotomy is a procedure that involves removal of bone around the neural foramen thereby enlarging the space where the nerve root exists and relieving these nerve roots from compression.

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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- There is insufficient scientific evidence to support the medical necessity of anterior cervical discectomy and fusion or posterior cervical foraminotomy with or without partial discectomy for Cervical Radiculopathy for the following as they are not shown to improve health outcomes upon technology review:
 - Microsurgical anterior foraminotomy for cervical spondylotic myelopathy or other indications
 - Percutaneous cervical discectomy
 - Stereotactic computer-assisted (navigational) procedure for cervical spinal fusion
 - ZERO-P implant, also known as Zero-P PEEK device intended for use in cervical interbody fusion
- There is insufficient scientific evidence to support the medical necessity of anterior cervical discectomy and fusion, posterior cervical foraminotomy with or without discectomy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Anterior cervical discectomy and fusion or posterior cervical foraminotomy with or without discectomy are considered medically necessary for **1 or more** of the following
 - Procedure is indicated for **1 or more** of the following
 - Cervical radiculopathy and **ALL** of the following
 - Individual has significant (eg, impacts activities or sleep) signs or symptoms due to nerve root compression (eg, pain, weakness)
 - Confirmed by imaging studies (e.g., CT or MRI), or other neuroimaging finding correlates with clinical signs and symptoms of a herniated disc causing nerve root and/or spinal cord compression and/or 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, at the level expected to produce corresponding neurological findings
 - Surgery appropriate, as indicated by **1 or more** of the following
 - Failure of a 6 week trial of nonoperative/conservative treatment that includes **1 or more** of the following
 - NSAIDs
 - Non-narcotic analgesics (eg, tricyclic antidepressants, anticonvulsants)
 - Narcotic analgesics
 - Cervical collar
 - Physical therapy with **ALL** of the following
 - A discharge note from a physical therapist documents lack of utility of further physical therapy
 - Epidural or oral corticosteroids
 - Progressive and/or profound (ie, worsening) neurologic deficit (eg, weakness, paralysis)
 - Cervical myelopathy (Note: may be combined with a laminectomy) and **ALL** of the following
 - Signs or symptoms of myelopathy, as evidenced by **1 or more** of the following
 - Upper limb weakness in more than single nerve root distribution
 - Lower limb weakness in upper motor neuron distribution
 - Loss of dexterity (eg, clumsiness of hands)
 - Bowel or bladder incontinence
 - Frequent falls
 - Hyperreflexia
 - Hoffmann sign
 - Increased extremity muscle tone or spasticity
 - Gait abnormality

- Positive Babinski sign
 - Alternative clinical signs or symptoms of myelopathy
- Confirmed by imaging studies (e.g., CT or MRI), or other neuroimaging finding correlates with clinical signs and symptoms of a herniated disc causing nerve root and/or spinal cord compression and/or 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, at the level expected to produce corresponding neurological findings
- Failure of a 6-week trial of nonoperative/conservative treatment that includes **1 or more** of the following
 - NSAIDs
 - Non-narcotic analgesics (eg, tricyclic antidepressants, anticonvulsants)
 - Narcotic analgesics
 - Cervical collar
 - Physical therapy with **ALL** of the following
 - A discharge note from a physical therapist documents lack of utility of further physical therapy
 - Epidural or oral corticosteroids
- Need for procedure as part of decompression procedure for primary or metastatic cervical spine tumors with **ALL** of the following
 - Confirmed by imaging studies (e.g., CT or MRI), which may be combined with a laminectomy
- Need for procedure as part of decompression or debridement procedure for cervical spine infection with **ALL** of the following
 - Confirmed by imaging studies (e.g., CT or MRI) and/or other studies (e.g., biopsy), which may be combined with a laminectomy
- Need for procedure as part of treating cervical spine injury/trauma confirmed by imaging studies (e.g., CT or MRI), which may be combined with a laminectomy, including **1 or more** of the following
 - Spinal cord compression (central cord syndrome)
 - Hyperextension injury, with or without avulsion fracture
 - Unilateral or bilateral facet subluxation
 - Unilateral or bilateral facet fracture dislocation
 - Foreign bodies
 - Bony fracture fragments
 - Epidural hematoma
 - Other severe or unstable injury
- Anterior cervical disectomy and fusion, posterior cervical foraminotomy with or without disectomy for 2-4 contiguous levels (Note: may be combined with a laminectomy) for individuals with **ALL** of the following (Note: For radiographic evidence of cervical cord compression, immediate surgical intervention will be authorized):
 - Skeletally mature persons
 - Symptomatic cervical degenerative disc disease or herniated disc at one level from C3 to T1 (e.g., radicular neck and/or arm pain and/or functional/neurological deficit)
 - Confirmed by imaging radiographic studies (e.g., CT, MRI, x-rays)
 - Failed at least 6 weeks of conservative management that includes **1 or more** of the following
 - NSAIDS
 - Non-narcotic analgesics (eg, tricyclic antidepressants, anticonvulsants)
 - Narcotic analgesics
 - Cervical collar
 - Physical therapy with **ALL** of the following
 - A discharge note from a physical therapist documents lack of utility of further physical therapy
 - Epidural or oral corticosteroids
- Cervical kyphosis associated with cord compression (Note: may be combined with a laminectomy)
- Symptomatic pseudarthrosis (non-union of prior fusion) with **1 or more** of the following
 - Confirmed by imaging studies (e.g., CT or MRI) demonstration of non-union of prior fusion (lack of bridging bone or abnormal motion at fused segment) after 12 months since fusion surgery
 - Confirmed by imaging studies of hardware failure (fracture or displacement)
- Atlantoaxial (C1-C2) subluxation (e.g., associated with congenital anomaly, os odontoideum, or rheumatoid arthritis) noted as widening of the atlantodens interval greater than 3 mm with **ALL** of the following

- Confirmed by imaging studies (e.g., CT or MRI)
- Basilar invagination of the odontoid process into the foramen magnum
- Subaxial (C2-T1) instability with **ALL** of the following
 - Confirmed by imaging studies, when **ALL** of the following are met:
 - Significant instability (sagittal plane translation of at least 3 mm on flexion and extension views or relative sagittal plane angulation greater than 11 degrees)
 - Symptomatic unremitting pain that has failed 3 months of conservative management (unless there is evidence of cervical cord compression or other indications for waiver of requirements for conservative management, noted below)
- Adjunct to excision of synovial cysts causing spinal cord or nerve root compression with unremitting pain with **ALL** of the following
 - Confirmed by imaging studies (e.g., CT or MRI) and with corresponding neurological deficit
 - Failure of a 6-week trial of nonoperative/conservative treatment that includes **1 or more** of the following
 - NSAIDs
 - Non-narcotic analgesics (eg, tricyclic antidepressants, anticonvulsants)
 - Narcotic analgesics
 - Cervical collar
 - Physical therapy with **ALL** of the following
 - A discharge note from a physical therapist documents lack of utility of further physical therapy
 - Epidural or oral corticosteroids
- Clinically significant deformity of the spine (kyphosis, head-drop syndrome, post-laminectomy deformity) that meets **1 or more** of the following criteria:
 - The deformity prohibits forward gaze
 - The deformity is associated with severe neck pain, difficulty ambulating, and interference with activities of daily living
 - Documented progression of the deformity
- The requirement for a trial of nonoperative/conservative measures may be waived in **1 or more** of the following situations indicating need for urgent intervention:
 - Spinal cord compression (this does not include nerve root compression)
 - Stenosis causing cauda equina syndrome
 - Stenosis causing myelopathy
 - Stenosis causing severe weakness (graded 4 minus or less on MRC scale)
 - Severe stenosis associated with instability ((dynamic excursion of greater than 1mm translation or greater than 5 degrees angulation at an interspace) when fusion is requested (not just decompression only)
 - Progressive neurological deficit on serial examinations
- Anterior cervical disectomy and fusion, posterior cervical foraminotomy with or without discectomy is **NOT COVERED** for **ANY** of the following
 - Microsurgical anterior foraminotomy for cervical spondylotic myelopathy or other indications
 - Percutaneous cervical discectomy
 - Stereotactic computer-assisted (navigational) procedure for cervical spinal fusion
 - ZERO-P implant, also known as Zero-P PEEK device intended for use in cervical interbody fusion

Document History

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- Revised Dates:
 - 2022: 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 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)
 - CPT 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)
 - CPT 20934 - Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (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 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)
 - CPT 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)
 - CPT 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)
 - CPT 22548 - Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
 - CPT 22551 - Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
 - CPT 22552 - Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
 - CPT 22554 - Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
 - CPT 22590 - Arthrodesis, posterior technique, craniocervical (occiput-C2)
 - CPT 22595 - Arthrodesis, posterior technique, atlas-axis (C1-C2)
 - CPT 22600 - Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
 - CPT 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)
 - CPT 22841 - Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)

- o CPT 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)
- o CPT 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)
- o CPT 22844 - Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
- o CPT 22845 - Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
- o CPT 22846 - Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
- o 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)
- o 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)
- o CPT 63001 - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
- o CPT 63015 - Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
- o CPT 63020 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
- o CPT 63035 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
- o CPT 63040 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
- o CPT 63043 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
- o CPT 63045 - Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
- o CPT 63048 - Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
- o CPT 63075 - Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
- o CPT 63076 - Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
- o CPT 63270 - Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
- o CPT 63280 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
- o CPT 63285 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - o None

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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Codes

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