APPENDIX to Spinal Fusion Policy

Prior Authorization Requirements

This service (or procedure) is considered **medically necessary** in certain instances and **investigational** in others (refer to policy for details).

For instances when the indication is **medically necessary**, clinical evidence is required to determine **medical necessity**.

For instances when the indication is **investigational**, you may submit additional information to the Prior Authorization Department.

Within five days before the actual date of service, the Provider MUST confirm with Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should also be directed to the Prior Authorization Department. Please call 1-800-541-6652 or visit the Provider Portal www.blueshieldca.com/provider.

Evidence Basis for the Policy

Rationale

Surgical spinal fusion (arthrodesis) involves a surgical procedure which attempts to fuse one or more vertebral segments by inserting bone grafts or bone graft substitutes (with or without instrumentation).

Surgical spinal arthroplasty (artificial disc replacement) involves a surgical procedure which attempts to replace one or more of the intervertebral discs with an artificial disc (prosthesis).

Extreme Lateral Interbody Fusion (XLIF®) procedure (developed by Nuvasive, San Diego, CA) is an approach used to access the anterior spine that is performed from the side of the body passing through the retroperitoneal fat and psoas muscle. This minimally invasive approach avoids disrupting the muscles of the abdomen and back in an attempt to decrease healing time, blood loss and hospital length of stay.

The [American Medical Association] AMA Guides to the Evaluation of Permanent Impairment defines segmental instability (loss of motion segment integrity) as an “anteroposterior motion of one vertebra over another that is greater than 3.5 mm in the cervical spine, greater than 2.5 mm in the thoracic spine, and greater than 4.5 mm in the lumbar spine” (Andersson GBJ et al., 2000).

Centers for Medicare & Medicaid Services (CMS)

- National Coverage Determinations (NCD) - none
- Local Coverage Determinations (LCD) - none

Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program (FEP)) prohibit Plans from denying Food and Drug Administration (FDA) - approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

Type	Number	Description
CPT	0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (List separately in addition to code for primary procedure)
	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
	0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)
	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

Type	Number	Description
	0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace
	0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)
	0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure)
	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
	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)
	22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)

Type	Number	Description
	22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
	22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
	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
	22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
	22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
	22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
	22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

Type	Number	Description
	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 and segment; 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 and segment; 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
	22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
	22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
	22830	Exploration of spinal fusion
	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)

Type	Number	Description
	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
	22849	Reinsertion of spinal fixation device
	22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
HCPC	None	
ICD9 Procedure	None	
ICD9 Diagnosis	All Diagnoses	
Place of Service	All Places of Service	

Tables

N/A

Definitions

N/A

Index / Cross Reference of Related BSC Medical Policies

The following Medical Policies share diagnoses and/or are equivalent BSC Medical Policies:

- N/A

Key / Related Searchable Words

- Spinal fusion
- Lumbar fusion
- Arthrodesis
- Extreme lateral interbody fusion
- XLIF
- Artificial disc
- Cervical fusion
- AxiaLIF
- ILIF
- Axial lumbar interbody fusion
- Interlaminar lumbar instrumented fusion
- Arthroplasty

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Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action	Reason
3/5/2012	New policy	Medical Policy Committee
4/12/2012	Coding Update	Administrative Review
5/8/2012	Administrative Update	Administrative Review
5/18/2012	Coding Update	Administrative Review
7/6/2012	Coding Update	Administrative Review
2/22/2013	Coding Update	Administrative Review

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