


MEDICAL POLICY

	LINE(S) OF BUSINESS Commercial	NUMBER GH-SUR-005	
	TITLE Lumbar Spinal Fusion	FORMER NUMBER	
	EFFECTIVE DATE 06/01/2019	REVIEW CYCLE Annual	LAST REVISED 01/01/2020

1.0 CRITERIA

GlobalHealth considers lumbar spinal fusion medically necessary for ANY of the following:

- 1.1 Spinal fracture, dislocation (associated with mechanical instability), locked facets, or displaced fracture fragment confirmed by imaging studies (e.g., CT or MRI) and a preoperative evaluation including ALL the following:
 - 1.1.1 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery, or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.
 - 1.1.2 BMI of less than 40kg/m or maximum BMI allowed for any FDA approved hardware used in surgical procedure, whichever is less
- 1.2 Spinal infection confirmed by imaging studies (e.g., CT or MRI) and/or other studies (e.g., biopsy), including ALL the following:
 - 1.2.1 A presence of ANY of the following:
 - 1.2.1.1 Instability
 - 1.2.1.2 Debridement and/or decompression is anticipated to result in instability
 - 1.2.2 Preoperative evaluation including ALL the following:
 - 1.2.2.1 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.
 - 1.2.2.2 BMI of less than 40kg/m or maximum BMI allowed for any FDA approved hardware used in surgical procedure, whichever is less
- 1.3 Spinal tumor confirmed by imaging studies (e.g., CT or MRI) including ALL the following:
 - 1.3.1 A presence of ANY of the following:
 - 1.3.1.1 Instability
 - 1.3.1.2 Resection and/or decompression is anticipated to result in instability
 - 1.3.2 Preoperative evaluation including ALL the following:
 - 1.3.2.1 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.

- 1.6.1.2 Documentation of favorable psychological evaluation, absence of untreated psychiatric comorbidity, or current treatment by pain management specialist
- 1.6.1.3 Documentation of a medically managed physical therapy program for a minimum of 6-12 weeks
- 1.6.2 Preoperative evaluation including ALL the following:
 - 1.6.2.1 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.
 - 1.6.2.2 BMI of less than 40kg/m or maximum BMI allowed for any FDA approved hardware used in surgical procedure, whichever is less
- 1.6.3 Radiological (e.g., CT or MRI) evidence of mechanical instability
- 1.7 Spondylolisthesis with segmental instability confirmed by imaging studies (e.g., CT or MRI) with ALL the following:
 - 1.7.1 Significant spondylolisthesis, defined as grades II, III, IV or V
 - 1.7.2 Symptomatic unremitting low back pain, radiculopathy or neurogenic claudication with failed conservative (nonoperative) treatment* within the past 12 months including ALL the following:
 - 1.7.2.1 Medication including NSAIDS or acetaminophen unless contraindicated
 - 1.7.2.2 Documentation of favorable psychological evaluation, absence of untreated psychiatric comorbidity, or current treatment by pain management specialist
 - 1.7.2.3 Documentation of a medically managed physical therapy program for a minimum of 6-12 weeks
 - 1.7.3 Preoperative evaluation including ALL the following:
 - 1.7.3.1 Documented confirmation that patient is a nonsmoker, has refrained from smoking for at least 4 weeks prior to planned surgery or has received counseling on the effects of smoking on surgical outcomes and treatment for smoking cessation if accepted.
 - 1.7.3.2 BMI of less than 40kg/m or maximum BMI allowed for any FDA approved hardware used in surgical procedure, whichever is less

*Failed conservative (nonoperative) treatment is defined as 6-12 weeks of medication therapy combined with physical therapy program.

2.0 RESOURCES

- 2.1 Bydon M., De la Garza-Ramos R., Macki M., et al. (2014). Lumbar Fusion Versus Nonoperative Management for Treatment of Discogenic Low Back Pain: A Systematic Review and Meta-analysis of Randomized Controlled Trials. *Journal of Spinal Disorders & Techniques* 27 (5): 297-304

- 2.2 Weinstein J.N., Tosteson T.D., Lurie J.D, et al. (2008). Surgical versus Nonsurgical Therapy for Lumbar Spinal Stenosis. *New England Journal of Medicine* 358 (8): 794-810
- 2.3 Mannion A.F., Brox J.I., Fairbank J.C.T. (2013). Comparison of Spinal Fusion and Nonoperative Treatment in Patients with Chronic Low Back Pain: Long-term Follow-up of Three Randomized Controlled Trials. *Spine Journal* 13 (11): 1438-1448
- 2.4 Rolving N., Nielsen C.V., Christensen F.B., et al. (2016). Preoperative Cognitive-Behavioural Intervention Improves In-Hospital Mobilisation and Analgesic use for Lumbar Spinal Fusion Patients. *BMC Musculoskeletal Disorders* 17 (217)
- 2.5 Kong L., Liu Z., Meng F., Shen Y. (2017). Smoking and Risk of Surgical Site Infection after Spinal Surgery: A Systematic Review and Meta-Analysis. *Surgical Infections* 18 (2): 206-214
- 2.6 McCunniff P.T., Young E.S., Ahmadinia K., Ahn U.M., (2016). Smoking is Associated with Increased Blood Loss and Transfusion Use After Lumbar Spinal Surgery. *Clinical Orthopaedics and Related Research* 474 (4): 1019-1025.
- 2.7 Hermann P.C., Webler M., Bornemann R., et al. (2016). Influence of Smoking on Spinal Fusion after Spondylodesis Surgery: A Comparative Clinical Study. *Technology and Health Care* 24 (5): 737-744
- 2.8 McClendon J., Smith T.R., Thompson S.E, et al. (2014). The Impact of Body Mass Index on Hospital Stay and Complications After Spinal Fusion. *Neurosurgery* 74 (1): 42-50.
- 2.9 Higgins D.M., Mallory G.W., Planchard R.F, et al. (2016). Understanding the Impact of Obesity on Short-term Outcomes and In-hospital Costs After Instrumented Spinal Fusion. *Neurosurgery* 78 (1): 127-132.
- 2.10 North American Spine Society (NASS) Coverage Policy Recommendations. Lumbar Fusion (May 2014).
- 2.11 Centers for Medicare and Medicaid Services. Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions L33382 (2018). Retrieved from www.cms.gov.
- 2.12 Aetna Medical Clinical Policy Bulletins. Spinal Surgery: Laminectomy and Fusion #0743 (October 2018). Retrieved from www.aetna.com.

3.0 CPT CODES COVERED IF CRITERIA MET

- 3.1 22630 Under Posterior, Posterolateral or Lateral Transverse Process Technique Arthrodesis Procedures on the Spine (Vertebral Column)
- 3.2 22558 Under Anterior or Anterolateral Approach Technique Arthrodesis Procedures on the Spine (Vertebral Column)

4.0 POLICY REVIEW AND REVISION HISTORY

Date	Action/Description of Change
January 2020	Reviewed – No Changes

5.0 SCOPE

This policy applies to Commercial lines of business within GlobalHealth Holdings, LLC.

