

# Authorization criteria: Cervical spine surgery for adults

For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members only

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT codes: \*22551, \*22554, \*22590, \*22595, \*22600, \*63001, \*63015, \*63020, \*63040, \*63045, \*63050, \*63051 and \*63075

## Acute traumatic spine injury

ALL of the following must be met:

1. Unstable vertebral fracture or dislocation identified by imaging that correlates with symptoms and findings
2. No neurologic deficits
3. Stabilization of the spine is not achievable by nonsurgical means (for example, closed reduction, immobilization, brace).
4. All significant psychosocial and substance abuse issues have been adequately addressed.
5. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to inhibit cervical spinal fusion outcomeAND
  - b. Smoking cessation after surgery is strongly recommended, with both pharmacologic and nonpharmacologic assistance offered.

## Nontraumatic atlantoaxial (C1-C2) subluxation

ALL of the following must be met:

1. Atlantoaxial (C1-C2) subluxation greater than 5 mm identified by imaging
2. ONE of the following must be met:
  - a. Rheumatoid arthritis
  - b. Os odontoideum (an abnormality of the second cervical vertebrae characterized by a separation of a portion of the odontoid process from the body of the axis)
  - c. Congenital abnormality of the first or second cervical vertebrae
3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to inhibit cervical spinal fusion outcomeAND
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## Nontraumatic instability or spondylolisthesis

ALL of the following must be met:

1. Neck pain not due to trauma that interferes with ADLs (for example, ability to perform personal hygiene, work effectively, manage home).
2. No neurological deficits
3. ANY of the following X-ray results:
  - a. Sagittal plane translation of at least 2 mm
  - b. Sagittal plane translation greater than 20%
  - c. Sagittal plan angulation of at least 11 degrees
4. Continued symptoms or findings after treatment with EACH of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)
  - b. Physician directed home exercise program OR physical therapy for at least 12 weeks
  - c. Activity modification for at least 12 weeks
5. All significant psychosocial and substance abuse issues have been adequately addressed.
6. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to inhibit cervical spinal fusion outcome  
AND
  - b. Smoking cessation after surgery is strongly recommended, with both pharmacologic and nonpharmacologic assistance offered.

## Primary bone or metastatic tumor of the cervical spine

ALL of the following must be met:

1. Primary bone or metastatic tumor of the cervical spine that was diagnosed by imaging
2. Tumor confirmed by biopsy
3. Excision of the tumor will cause instability of the cervical spine.
4. All significant psychosocial and substance abuse issues have been adequately addressed.
5. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to inhibit cervical spinal fusion outcome  
AND
  - b. Smoking cessation after surgery is strongly recommended, with both pharmacologic and nonpharmacologic assistance offered.

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## **Vertebral body destruction secondary to osteomyelitis**

BOTH of the following must be met:

1. Vertebral body destruction secondary to osteomyelitis identified by ONE of the following:
  - a. Bone aspiration
  - b. Biopsy
  - c. MRI
2. ONE of the following:
  - a. Evidence of vertebral body destruction by imaging
  - b. Debridement will cause vertebral instability.

AND

3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to inhibit cervical spinal fusion outcomeAND
  - b. Smoking cessation after surgery is strongly recommended, with both pharmacologic and nonpharmacologic assistance offered.

## **Discitis or epidural abscess**

ALL of the following must be met:

1. Either of the following:
  - a. Neurologic deficit by physical exam
  - b. Continued symptoms or findings after antibiotic treatment
2. Instability by imaging
3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to adversely affect cervical spinal fusion outcomeAND
  - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

## **Nonunion after spinal fusion**

ALL of the following must be met:

1. Nonunion identified by imaging and ALL of the following:
  - a. At least 6 months has lapsed from the previous spinal fusion surgery.
  - b. The patient had initial resolution of symptoms after surgery.
  - c. The patient's pain is at the same level as prior to having the previous surgery.
2. Continued symptoms or findings after treatment with ALL of the following:
  - a. Appropriate nonsteroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)
  - b. Physician directed home exercise program OR physical therapy for at least 12 weeks
  - c. Activity modification for at least 12 weeks
3. All significant psychosocial and substance abuse issues have been adequately addressed
4. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcomeAND
  - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

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## Cervical disc herniation or foraminal stenosis

ALL of the following must be met:

1. Unilateral radiculopathy
2. Nerve root compression by imaging that correlates with symptoms and findings
3. Either of the following:
  - a. With sensory deficit and no motor deficit<sup>\*\*\*</sup>: ALL of the following must be met:
    - i. Symptoms and findings including ANY of the following:
      1. Pain in a nerve root distribution
      2. Paresthesia in a nerve root distribution
      3. Numbness in a nerve root distribution
    - ii. Continued symptoms or findings after treatment with ALL of the following:
      1. Appropriate nonsteroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated)
      2. Physician directed home exercise program OR physical therapy for at least 6 weeks
      3. Activity modification for at least 6 weeks
  - b. With motor deficit<sup>\*\*</sup>: EITHER:
    - i. Severe weakness (less than 2 out of 5 muscle strength) in a nerve root distribution by physical exam
    - ii. Mild to moderate weakness in a nerve root distribution by physical exam and EITHER:
      1. Worsening weakness or motor deficit
      2. Weakness that continues without worsening and ALL of the following:
        - a. Pain, paresthesia or numbness in a nerve root distribution
        - b. Continued symptoms or findings after treatment with ALL:
          - i. NSAIDS or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)
          - ii. Physician directed home exercise program OR physical therapy for at least 6 weeks
          - iii. Activity modification for at least 6 weeks
4. All significant psychosocial and substance abuse issues have been adequately addressed
5. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to adversely affect cervical spinal fusion outcome AND
  - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered

<sup>\*\*</sup>Radiculopathy with a motor deficit refers to depressed or asymmetrical reflexes or weakness in affected muscles in a SPECIFIC NERVE ROOT DISTRIBUTION. For example, deltoids and biceps (C5), biceps and brachioradialis (C6), triceps and wrist extensors (C7), intrinsic hand muscles (C8).

<sup>\*\*\*</sup>Radiculopathy with a sensory deficit refers to numbness or pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION. For example: Neck, shoulder and upper arm pain (C5); neck, shoulder and radial forearm pain (C6); neck shoulder and dorsal forearm pain (C7); neck, shoulder and ulnar forearm pain (C8).

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## Myelopathy

ALL of the following must be met:

1. Spinal cord compression by imaging
2. Severe symptoms and findings with AT LEAST ONE of the following:
  - a. Bilateral upper or lower extremity weakness (less than 2 out of 5 muscle strength), numbness or pain
  - b. Bowel or bladder dysfunction and other etiologies excluded
  - c. Spasticity by physical exam
  - d. Bilateral loss of dexterity (decreased fine motor control in the hands)
  - e. Gait disturbance and other etiologies excluded
3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient that:
  - a. Cigarette smoking has been shown to adversely affect cervical spinal fusion outcome  
AND
  - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

## References

McKesson's InterQual<sup>®</sup> 2017 Procedures Adult Criteria, Fusion, Cervical Spine

McKesson's InterQual<sup>®</sup> 2017 Procedures Adult Criteria, Anterior Cervical Discectomy and Fusion