

Authorization criteria: Lumbar spine surgery for adults

For BCN HMOSM (commercial) and BCN AdvantageSM members only

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

CPT codes: *22533, *22558, *22612, *22630, *22633, *63005, *63012, *63017, *63030, *63042, *63047 and *63056

Note: The following minimally invasive surgery procedures represented by CPT code *22558 are not covered for BCN commercial or BCN AdvantageSM members: laparoscopic ALIF (LALIF), axial anterior (AxiaLIF), oblique lateral lumbar interbody fusion (OLLIF) and para-axial (AxiaLIF).

Acute traumatic spine injury

ALL of the following:

1. Unstable vertebral fracture or dislocation identified by imaging
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 about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

Cauda equina syndrome

ALL of the following:

1. Symptoms or findings of at least one or more of the following:
 - a. Bilateral lower extremity weakness, numbness or pain
 - b. Bowel or bladder dysfunction (urinary retention, frequency, hesitancy, urgency or incontinence; constipation or incontinence of bowel) and other etiologies excluded
 - c. Diminished rectal sphincter tone identified on physical exam
 - d. Perianal or perineal "saddle" anesthesia by physical exam
2. Cauda equina compression identified by imaging
3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

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Primary bone or metastatic tumor of the lumbar spine

ALL of the following:

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

Discitis or epidural abscess

ALL of the following:

1. EITHER of the following:
 - a. Neurologic deficit by physical exam (such as muscle weakness, paralysis, pain or paresthesia)
 - b. Continued symptoms or findings after antibiotic treatment
2. All significant psychosocial and substance abuse issues have been adequately addressed.
3. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

Vertebral body destruction secondary to osteomyelitis

ALL of the following:

1. Vertebral body destruction secondary to osteomyelitis identified by either bone aspiration, MRI or biopsy
2. Evidence of vertebral body destruction by imaging
3. Debridement will cause vertebral instability.
4. All significant psychosocial and substance abuse issues have been adequately addressed.
5. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

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Nontraumatic instability or spondylolisthesis

ALL of the following:

1. Low back pain not due to trauma; the pain interferes with ADLs (for example, ability to perform personal hygiene, work effectively and manage home)
2. No neurologic deficits
3. X-ray imaging with ANY of the following results:
 - a. Relative sagittal plane angulation >22 degrees
 - b. Sagittal plane translation >3 mm
 - c. Sagittal plane translation >15% of vertebral body width
4. Continued pain after treatment with ALL of the following:
 - a. NSAIDs or acetaminophen at least 3 weeks (unless contraindicated or not tolerated)
 - b. Physician-directed home exercise program or physical therapy for at least 6 months
 - c. After activity modification for at least 6 months
5. All significant psychosocial and substance abuse issues have been adequately addressed.
6. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

Nonunion after spinal fusion (pseudoarthrosis)

ALL of the following:

1. Spinal fusion performed at least 6 months ago
2. Initial resolution of symptoms following surgery
3. Pain at same level as previous
4. Nonunion of lumbar spine by CT scan
5. Continued pain after treatment with ALL of the following:
 - a. NSAIDs or acetaminophen at least 3 weeks (unless contraindicated or not tolerated).
 - b. Physician-directed home exercise program or physical therapy for at least 12 weeks
 - c. Activity modification for at least 12 weeks
6. All significant psychosocial and substance abuse issues have been adequately addressed.
7. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

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Lumbar disc herniation or foraminal stenosis

ALL of the following:

1. Nerve root compression correlating to symptoms and findings by imaging AND
2. EITHER unilateral radiculopathy with motor deficit** meeting criteria (a), below, OR unilateral radiculopathy with sensory deficit*** meeting criteria (b), below:
 - a. Unilateral radiculopathy with motor deficit** and ANY of the following:
 - i. Muscle strength less than 3/5
 - ii. Muscle strength 3/5 or 4/5 AND worsening weakness OR
 - iii. Muscle strength 3/5 or 4/5 AND continued symptoms or findings after treatment with ALL:
 1. NSAIDs or acetaminophen for at least 3 weeks (unless contraindicated or 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. Unilateral radiculopathy with pain, paresthesias or numbness in a nerve root distribution AND continued symptoms or findings after treatment with ALL:
 - i. NSAIDs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
 - ii. Physician-directed home exercise program OR physical therapy for at least 6 weeks
 - iii. Activity modification for at least 6 weeks
3. All significant psychosocial and substance abuse issues have been adequately addressed.
4. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

**Radiculopathy with a motor deficit refers to depressed or asymmetrical reflexes or weakness in affected muscles in a SPECIFIC NERVE ROOT DISTRIBUTION — for example, weakness in quadriceps (L3); quadriceps or anterior tibialis (L4); foot or toe dorsiflexor (L5); or foot, toe plantar flexor, or hamstring (S1).

***Radiculopathy with a sensory deficit refers to numbness or pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION — for example: hip, thigh and knee (L3); hip, thigh, knee and medial leg (L4); hip, lateral thigh and leg (L5); or buttock, posterior thigh and calf (S1).

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Degenerative disc disease

ALL of the following:

1. Low back pain not due to trauma; the pain interferes with ADLs (for example, ability to perform personal hygiene, work effectively and manage home)
2. No neurologic symptoms or findings (no deficits in muscle strength, sensation or reflexes)
3. Degenerative disc disease identified by MRI that correlates with symptoms and findings
4. Continued pain after treatment with ALL of the following:
 - a. NSAIDs or acetaminophen at least 3 weeks (unless contraindicated or not tolerated).
 - b. Physician-directed home exercise program or physical therapy for at least 6 months
 - c. Activity modification for at least 6 months
5. All significant psychosocial and substance abuse issues have been adequately addressed.
6. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

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Radiculopathy post herniated disc surgery

ALL of the following:

1. History of spine surgery for herniated disc
2. Symptom resolved initially following surgery
3. Recurrent radiculopathy at the same level as the previous surgery
4. EITHER unilateral radiculopathy with motor deficit** meeting criteria (a), below, OR unilateral radiculopathy with sensory deficit*** meeting criteria (b), below:
 - a. Unilateral radiculopathy with motor deficit** and ANY of the following:
 - i. Severe muscle weakness (less than 3 out of 5 muscle strength) by physical exam
 - ii. Mild-to-moderate muscle weakness (muscle strength 3/5 or 4/5) AND EITHER of the following:
 1. Worsening weakness OR
 2. Continued symptoms or findings after treatment with ALL:
 - a. NSAIDs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
 - b. Physician-directed home exercise program OR physical therapy for at least 6 weeks
 - c. Activity modification for at least 6 weeks
 - b. Unilateral radiculopathy with pain, paresthesias or numbness in a nerve root distribution AND continued symptoms or findings after treatment with ALL:
 - i. Worsening weakness OR
 - ii. Continued symptoms or findings after treatment with ALL:
 1. NSAIDs or acetaminophen for at least 3 weeks (unless contraindicated or not tolerated)
 2. Physician-directed home exercise program OR physical therapy for at least 6 weeks
 3. Activity modification for at least 6 weeks
5. All significant psychosocial and substance abuse issues have been adequately addressed.
6. Education has been provided to the patient about:
 - a. Cigarette smoking has been shown to adversely affect lumbar spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended with both pharmacologic and nonpharmacologic assistance offered.

**Radiculopathy with a motor deficit refers to depressed or asymmetrical reflexes or weakness in affected muscles in a SPECIFIC NERVE ROOT DISTRIBUTION — for example, weakness in quadriceps (L3); quadriceps or anterior tibialis (L4); foot or toe dorsiflexor (L5); or foot, toe plantar flexor, or hamstring (S1).

***Radiculopathy with a sensory deficit refers to numbness or pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION — for example: hip, thigh and knee (L3); hip, thigh, knee and medial leg (L4); hip, lateral thigh and leg (L5); or buttock, posterior thigh and calf (S1).



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References

McKesson's InterQual[®] 2017 Procedures Adult Criteria, Fusion, Lumbar Spine

McKesson's InterQual 2017 Procedures Adult Criteria, Decompression, +/- Fusion, Lumbar Spine

Blue Cross/BCN Medical Policy for Posterior Intrafacet Implants effective March 1, 2018

Blue Cross/BCN Medical Policy Spinal Surgery – Image-Guided Minimally Invasive Lumbar Decompression (IG-MLD, MELD, Percutaneous IG-MLD or PILD) for Spinal Stenosis, effective July 1, 2018

Note: Minimally invasive surgery represented by HCPCS codes G0275 and G0276 for the percutaneous image-guided lumbar decompression (PILD) procedure for BCN Advantage members who meet prior authorization criteria are only covered for those who are enrolled in an approved clinical trial.