



Spinal Surgery

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Standard therapy for back pain includes conservative medical management such as physical therapy and medications. Surgical treatment, such as spinal fusion at the affected level, may be considered for patients who have not improved with conservative medical management or who have a severe neurological impairment.

Age-related degeneration of the spine is often referred to as spondylosis. Lumbar spondylosis can refer to degenerative arthritis, spinal stenosis, herniated discs, and facet joint arthritis. Spinal stenosis is a narrowing of the central spinal canal, the intervertebral foramina, and/or neural canals. A herniated (or slipped) disc occurs when a disc between the vertebrae is damaged and the inner gel-like substance (nucleus pulposus) either bulges or protrudes through the tougher outer layer of the disk (annulus). Most disc herniations occur in the lumbar spine and may put pressure on the nerves that exit the spinal cord. This pressure may cause pain and weakness in the leg, referred to as radicular pain or radiculopathy.

This policy pertains to non-urgent, non-emergent instrumented surgeries of the cervical, thoracic, and lumbar spine, sacroiliac joint, treatment of scoliosis in adults and pediatric members, artificial disc arthroplasty, and bone and tendon grafts.

Criteria

Commercial

Prior authorization is required

PacificSource considers spine surgery to be medically necessary when the criteria outlined in Carelon Musculoskeletal Spine Surgery Guideline is met. PacificSource also follows the PacificSource Spinal Surgery policy for Experimental, Investigational, or Unproven determinations.

Medicaid

PacificSource Community Solutions follows an internal hierarchal process in the “Clinical Criteria Used in UM Decisions” policy for coverage of Spinal Surgeries. PCS covers these services when the condition and service(s) pair on a funded line on the HERC Prioritized List of Health Services, any relevant Guideline criteria is fulfilled, and service(s) are medically/orally necessary and appropriate for the specific member. Additional coverage options for unfunded conditions and services are provided as described in Covered Services OAR 410-141-3820. Treatment may be limited or excluded if the service meets the criteria outlined in OARs 410-141-3825 and 410-120-1200, except as otherwise provided in the Covered Services Rule.

PacificSource follows the “Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)” criteria for members under 21 and Young Adults with Special Health Care Needs (YSHCN).

PCS follows the “Unlisted and Unspecified Procedure Codes” policy for requests for unlisted codes.

Medicare

PacificSource Medicare follows CMS guidelines and criteria set forth by National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). In the absence of CMS guidelines and criteria, PacificSource Medicare follows Carelon Musculoskeletal Spinal Surgery Clinical Guideline for coverage and medical necessity determinations.

Experimental/Investigational/Unproven

PacificSource considers the following spinal surgeries, procedures, devices, and spacers to be experimental, investigational, or unproven (not an inclusive list):

Percutaneous and Endoscopic Spinal Surgery

- Automated Percutaneous Lumbar Discectomy (APLD), Stryker DeKompressor, or ArthroSpine Wand (62287)
- Percutaneous endoscopic lumbar discectomy (PELD) (62287, 62380)
- Percutaneous Sacroplasty (also known as Percutaneous sacral augmentation) (0200T, 0202T)
- Microendoscopic discectomy (MED) (62380)
- Image-guided minimally invasive lumbar decompression (MILD®) for Spinal Stenosis (0275T), Cervical / Thoracic (0274T)
- DTRAX® Facet System (0219T,22899)

- DISC Nucleoplasty (Radiofrequency Coblation) a percutaneous disc decompression (PDD) or radiofrequency coblation -used to treat herniated discs (e.g., ArthroCare System, Per-D Spine Wand) (S2348)

Percutaneous Vertebral Disc and Vertebral Endplate Procedures

- IDET with the SpineCath® IntraDiscal ElectroThermal Therapy (IDET™) System, Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), The Radionics® discTRODE™ (probe) system, TransDiscal™ System (22526, 22527)

Implanted Devices for Spinal Stenosis

- The coflex® Interlaminar Technology, Superior® Indirect Decompression System, Total Posterior Spine System (TOPS™), Extensure Bone Allograft Interspinous Spacer, Dynesys System (Zimmer Spine), XYcor Spinal Implant (Vertebral, Inc., by AlphatecSpine), Dynamic Spinal Stabilization and Interspinous Decompression Devices (22867, 22868, 22869, 22870, 0202T, C1821)

Interspinous Process Fixation Devices

- Aspen® Spinous Process Fixation System, HORIZON® SPIRE™, PrimaLOK™ SP Interspinous Fusion System, BacFuse® Spinous Process Fusion Plate, Minuteman Fusion Fixation device, Coflex (Paradigm Spine), Superior (VertiFlex, Inc.) Inspan Spinous Process, StabiLink, SP-fix (22899)

Intervertebral Stabilization Devices

- Isobar™ Spinal System, Dynesys® Spinal System, DSSTM Stabilization System, BioFlex (22899)

Facet Joint Allograft Implants for Facet Disease

- NuFix™, TruFUSE® Allograft (0219T, 0220T, 0221T, 0222T)
- Posterior intrafacet implant (0219T, 0220T, 0221T, 0222T)

Lumbar Interbody Fusion

- Axial Lumbar Interbody Fusion (AxiaLIF), AxiaLIF II, a percutaneous pre-sacral access route to the L5 - S1 vertebral bodies for spinal fusion (22586)

Annulus Closure After Discectomy

- Xclose® Tissue Repair System, Inclose™ Surgical Mesh System, Barricaid® Annular Closure Device (ACD), Disc Annular Repair Technology (DART) System, The Discseel® procedure (C9757)

Scoliosis Surgery

- Vertebral Body Tethering-he Tether™ Vertebral Body Tethering System, Minimally Invasive Deformity Correction System, Vertebral Body Stapling, Magnetically Controlled Growing Rods-MAGnetic Expansion Control (MAGEC®) System (22836, 22837, 22838, 0656T, 0657T, 0790T)

SI Joint Fusion

- LinQ Allograft Spacer; SIFix, SiLO TFX MIS (posterior approach) (27278)
- 3D printed titanium implants for minimally invasive sacroiliac joint fusion: (e.g., iFuse-3D™ (SI Bone)) (27279)

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 0095T Removal of total disc arthroplasty, anterior approach, each additional interspace
- 0098T Revision of total disc arthroplasty, anterior approach, each additional interspace.
- 0164T Removal of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace
- 0165T Revision of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace
- 0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed
- 0201T Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed
- 0202T Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
- 0219T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
- 0220T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
- 0221T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
- 0222T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
- 0274T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic
- 0275T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or – without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar
- 11981 Insertion, drug-delivery implant (e.g., bioresorbable, biodegradable, non-biodegradable)
- 20930 Allograft, morselized, or placement of osteopromotive material, for spine surgery only
- 20931 Allograft, structural, for spine surgery only
- 20936 Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous)

- 20939 Bone marrow aspiration for bone grafting, spine surgery only through separate skin or fascial incision
- 20999 Unlisted procedure, musculoskeletal system, general
- 22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
- 22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance ;lumbar
- 22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional 0200Tthoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
- 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- 22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
- 22532 Arthrodesis, lateral extra cavitary 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, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2
- 22552 Cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
- 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 Each additional interspace (List separately in addition to code for primary procedure)
- 22586 Arthrodesis, Pre-Sacral Interbody Tech, With Posterior Instrumentation, With Image Guidance, 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
- 22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
- 22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
- 22614 each additional vertebral segment (List separately in addition to code for primary procedure) [code not specific to cervical spine]
- 22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
- 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 Post or Postlatl Tech W Post Interbdy Tech, Incl. Laminectomy &/Discectomy, Sgl Interspace & Segmt; Lumbar
- 22634 Arthrodesis, Combined Post Or Postlatl Tech W Post Interbdy Tech, Incl Laminectomy &/Discectomy,Sgl Interspace & Segmt; Ea. Addl.
- 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,
- 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
- 22840 Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation)
- 22841 Internal spinal fixation by wiring of spinous process
- 22842 Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
- 22843 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
- 22844 Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments
- 22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
- 22846 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
- 22847 Anterior instrumentation; 8 or more vertebral segments

- 22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
- 22849 Reinsertion of spinal fixation device
- 22853 Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace
- 22854 Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect
- 22856 Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical
- 22857 Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy, Lumbar, Single Interspace
- 22858 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
- 22859 Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect.
- 22860 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second 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, Lumbar, Single Interspace
- 22864 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- 22865 Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Lumbar, Single Interspace
- 22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
- 22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
- 22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
- 22870 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
- 22899 Unlisted procedure, spine

- 27278 Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (e.g., bone allograft[s], synthetic device[s]), without placement of transfixation device
- 27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of –
- 27299 Unlisted procedure, pelvis, or hip joint –
- 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
- 62380 Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
- C1821 Interspinous process distraction device (implantable)
- C9359 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra Os Osteoconductive Scaffold Putty), per 0.5 cc
- C9362 Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc
- C9757 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar
- S2348 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

New and Emerging Technology-Coverage Status

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MCG Cervical Fusion, Anterior ORG: S-320 (ISC)

MCG Cervical Fusion, Posterior ORG: S-330 (ISC)

MCG Lumbar Fusion ORG: S-820 (ISC)

MCG Musculoskeletal Surgery or Procedure GRG: SG-MS (ISC)

MCG Removal of Posterior Spinal Instrumentation ORG: S530 (ISC)

MCG Spine, Scoliosis, Posterior Instrumentation ORG: S-1056 (ISC)

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<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

Appendix

Policy Number:

Effective: 4/23/2013

Next review: 7/1/2026

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-141-3820, 410-141-3825, 410-120-1200, OARs 410-151-0000 through 410-151-0003;, LCD L38033, NCD 150.10

Commercial OPs: 2/2025

Government OPs: 2/2025