Background and Definitions:
Intervertebral discs are cartilaginous structures that lie between adjacent bony vertebral bodies. Discs serve as shock absorbers or cushions between the bones of the spine and give the spine flexibility. Discs have a tough outer wall made of fibrocartilage and softer disc material centrally, like a tire filled with jelly. A disc herniation occurs when there is a split or tear in the tough outer wall of the disc, and the “jelly” material is squeezed out through the hole. This disc material can then compress other normal anatomic structures, like the spinal cord or spinal nerves. Symptoms will depend on what (if any) structures are compressed. If a nerve root is compressed, then pain, weakness and/or numbness will usually occur along the dermatomal distribution of the nerve. A disc “bulge” is different than a disc herniation. A disc bulge is not necessarily abnormal, but a disc herniation always is. Sometimes herniated disc material will shrink over time and pain will also subside, which is why sometimes time and/or physical therapy are sufficient enough for symptoms to resolve. However, sometimes surgery is necessary to “decompress” the spinal canal, which usually means removing a small part of the “roof” of the spine called the lamina (laminectomy). Sometimes the herniated disc material must also be surgically removed (discectomy).

It is also important to know that sometimes the anatomic structures that stabilize adjacent vertebral bodies can be damaged or destroyed (through arthritis, infection, trauma or surgery), leading to “instability” between bodies (for example, spondylolisthesis). Instability can be of two types: a) mechanical (radiographic) or b) functional (clinical) instability. Mechanical instability is static, whereas clinical instability typically only occurs
with certain movements. When instability occurs, surgical stabilization may be required, which can be accomplished by various “fusion” methods. Fusion procedures for degenerative disease (aka spondylosis or osteoarthritis) are controversial and require clear evidence of anticipated benefits.

**Policy:**
There are many back and neck problems that do require surgical intervention. However, many surgical procedures of the spine are not generally indicated for back and neck pain. Surgeries on the vertebral column include kyphoplasty, foraminotomy, laminectomy, corpectomy, discectomy, microdiscectomy, and fusion.

**Procedure:**
1. Spine Surgery Naive (initial request in specific region)
   a. Elective procedures must be prior-authorized by Meridian Health Plan unless to do so would compromise patient health/outcome. Emergent surgeries will be subject to post service review by MHP with the possibility of retrospective denial. Emergent surgeries on the vertebral column are typically associated with infection, tumor, or trauma.
   b. InterQual guidelines apply to requests for fusion to treat patients with a spinal fracture or dislocation, spinal infection, or spinal deformity, (e.g., one related to degenerative scoliosis).
   c. All requests for spinal fusion must show evidence of spondylolisthesis, mechanical instability, bilateral nerve involvement at the same level or evidence of multi-level involvement. Mechanical instability with an x-ray is defined as instability by flexion and extension x-rays; sagittal plane translation > 3mm or sagittal plane translation > 15% of vertebral body width.
   d. Requests for surgery based on the complaint of isolated chronic back pain in the absence of neurological findings (i.e. radiculopathy, etc) is not considered an acceptable indication for spinal fusion.
   e. The requested procedure, unless specifically commented on elsewhere in this document, will be covered for Meridian Health Plan members meeting all of the following criteria:
      i. The procedure specific InterQual criteria must be met, except as modified below.
      ii. A minimum of a 3 consecutive month trial of a comprehensive rehabilitation program is required consisting of back education, progressive exercise training, core strengthening, flexibility, and/or toning, within the previous 9 months unless contraindications to or demonstrated failure of the specific modalities. Manual therapies, epidural steroid injections (See policy G.09), behavior modification and other treatment modalities may be used as an adjunct to the patient’s treatment plan.
      iii. Documentation, through physician certification and two negative urine tests spaced two weeks apart, of being nicotine free for a minimum of 4 weeks prior to the anticipated surgery, when the requested procedure includes a thoracic or lumbar spinal fusion.
      iv. Neurological findings on physical exam that match CT/MRI findings for Spinal Stenosis or nerve root compression consistent with the findings on exam.
      v. Experimental Investigational procedures are not covered.
      vi. Members that are requesting an evaluation for back surgery by a neurosurgeon or an orthopedic back surgeon must first be seen by a specialist competent and trained in management of acute and chronic back pain. Commonly this could be a neurologist, physiatrist, or anesthesiologist working in a pain center. Exceptions to this are if the PCP requests an urgent evaluation be done by a surgical back specialist and/or if the patient has a history of back trauma, neoplasm, spinal infection or is >60.

2. Other Re-do Spine surgery or surgery, inclusive of region of a previous Surgery requires secondary medical review.
**Special Instructions:**
**Medicaid/All:** The patient must comply with MHPs Member Compliance Medical Policy (I.7)

**Line of Business Applicability:**
For Medicaid/Medicaid Expansion Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the codes being submitted and considered for review being included on either the Michigan Medicaid Fee Schedule (located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-00.html)), the Illinois Medicaid Fee Schedule (located at: [http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx](http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx)), or the Iowa Medicaid Fee Schedule (located at: [http://dhs.iowa.gov/ime/providers/csrp/fee-schedule](http://dhs.iowa.gov/ime/providers/csrp/fee-schedule)). If there is a discrepancy between this policy and either the Michigan Medicaid Provider Manual (located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572-00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572-00.html)), the Illinois Medicaid Provider Manual (located at: [http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx](http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx)), or the Iowa Medicaid Provider Manual (located at: [http://dhs.iowa.gov/policy-manuals/medicaid-provider](http://dhs.iowa.gov/policy-manuals/medicaid-provider)) the applicable Medicaid Provider Manual will govern.

For Medicare members, coverage is determined by the Centers for Medicare and Medicaid Services (CMS). If a coverage determination has not been adopted by CMS, this policy applies. Medicare Fee Schedules can be found on the CMS website ([https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FeeScheduleGenInfo/index.html)).


Approved by: __________________________________  Date: 04/21/2016

Reviewed and approved by Policy and Procedure Committee:  Date: 03/04/2016

Reviewed and approved by Medical Policy Operations Committee:  Date: 03/11/2016

Reviewed and approved by Physician Advisory Committee:  Date: 03/25/2016

Reviewed and approved by Corporate Compliance Committee:  Date: 04/21/2016

**References:**
6. Deyo, RA, Nachemson A, Miriza, SK; Spinal Fusion Surgery-The case for restraint; NEJM 2004, Feb 12; 350(7) 722-6


14. McKesson-InterQual 2010


18. Foundation for Healthy Communities (November 2004). Management of Acute Low Back Pain, N.H. Guideline for Primary Care (Adults age 18 and older).

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