National Imaging Associates, Inc. *	
Clinical guidelines: **SPINE SURGERY OTHER**	**Original Date: July 2015**
CPT Codes:** - **Spine Surgery Other: Neoplasm, Lesion, Infection (All Regions): 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63290, 63295, 22590, 22595, 22600, 22610, 22612, 22614,22630, 22632, 22633, 22634, 22554, 22556, 22558, 22585, 22532, 22533, 22534** ***See UM Matrix for allowable billed groupings and additional covered codes*	**Last Revised Date: May ~~June~~ 2022~~1~~**
Guideline Number: NIA_CG_309	**Implementation Date: January 2023~~2~~**

INDICATIONS

FUSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION

The following criteria must be met for urgent intervention

- Positive c~~C~~linical f~~F~~indings of m~~M~~yelopathy with evidence of progressive neurologic deficits consistent with worsening **spinal cord compression due to tumor or infection**—immediate surgical evaluation is indicated ~~(Frymoyer, 2004; Garfin, 2017; NASS, 2015)~~.[1-3] Symptoms may include any of the following:
  - Upper extremity weakness
  - Unsteady gait related to myelopathy/balance or generalized
  - Lower extremity weakness
  - Disturbance with coordination
  - Hyperreflexia
  - Hoffmann sign
  - Positive Babinski sign

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- Clonus; **OR**

- Progressive neurological deficit (motor deficit, bowel or bladder dysfunction) with evidence of spinal cord or nerve root compression due to tumor or infection on mMagnetic rResonance iImaging (MRI) or cComputed tTomography (CT) imaging—immediate surgical evaluation is indicated; **OR**

- **When *ALL* of the following criteria are met:**
  - Evidence of gross biomechanical instability resulting in acute neurological risk requiring surgical reconstruction-/-fusion~~; AND~~
  - Imaging studies demonstrate evidence of infection or neoplasm of the spine. Findings must align with corresponding clinical findings. Imaging studies may include:
    - Magnetic resonance imaging (MRI); preferred study for assessing spine soft tissue (including the spinal cord and roots); **OR**
    - Computed tomography (CT) - ~~–~~with or without myelography - ~~—~~indicated in individual~~patient~~s who have a contraindication to MRI; preferred for examining the spine's bony structures.

DECOMPRESSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION

The following criteria must be met:

- Positive cClinical fFindings of mMyelopathy with evidence of progressive neurologic deficits consistent with worsening **spinal cord compression due to tumor or infection**—immediate surgical evaluation is indicated ~~(Frymoyer, 2004; Garfin, 2017; NASS, 2015)~~.[1-3] Symptoms may include *any* of the following:
  - Upper extremity weakness
  - Unsteady gait related to myelopathy/balance or generalized lower extremity weakness
  - Disturbance with coordination
  - Hyperreflexia
  - Hoffmann sign
  - Positive Babinski sign
  - Clonus; **OR**
- Progressive neurological deficit (motor deficit, bowel or bladder dysfunction) with evidence of spinal cord or nerve root compression due to tumor or infection on ~~Magnetic Resonance Imaging (~~MRI~~)~~ or ~~Computed Tomography (~~CT~~)~~ imaging—immediate surgical evaluation is indicated; **OR**
- When ***ALL of the following*** criteria are met:
  - Clinical eExam fFindings confirm significant radiculopathy or severe axial pain~~; AND~~

- Imaging studies demonstrate evidence of infection or neoplasm of the spine that align with corresponding clinical findings. Imaging studies may include:
  - Magnetic resonance imaging (MRI); preferred study for assessing spine soft tissue (including cord and roots); **OR**
  - Computed tomography (CT) - ~~–~~with or without myelography - ~~—~~indicated in individuals~~patients~~ who have a contraindication to MRI; preferred for examining the spine's bony structures.

BACKGROUND

Significant spinal cord or nerve root compression due to tumor, lesion or infection may require surgical intervention. All operative interventions must be based on a positive correlation with clinical findings, the natural history of the disease, the clinical course, and diagnostic tests or imaging results.

FUSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION: Significant spinal cord or nerve root compression due to tumor or infection may require decompression of the cord-/-roots and fusion of the involved levels. Fusion is reserved for cases wherein the structural integrity of the spine has been compromised by the disease process or the surgical intervention needed to address the disease process.

DECOMPRESSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION: Significant spinal cord or nerve root compression due to tumor or infection may require decompression of the spinal cord or nerve roots.

POLICY HISTORY

Date	Summary
May~~June~~ 2022	Replaced "patients" with "individuals" where appropriate
June 2021	• No changes
October 2020	• No changes
October 2019	• No changes
November 2018	• Added references, no changes to indications

REFERENCES

Frymoyer JW, Wiesel SW, An HS, et al. *The Adult and Pediatric Spine*—Third Edition. Lippincott Williams & Wilkins. 2004.

Garfin SR, Eismont FJ, Bell GR, et al. Rothman-Simeone and Herkowitz's, The Spine 7th Edition, Saunders/Elsevier. 2017.

North American Spine Society (NASS). Coverage Recommendations. 2015. https://www.spine.org/PolicyPractice/CoverageRecommendations/CoverageRecommendations.aspx.

Reviewed / Approved by NIA Clinical Guideline Committee

~~**GENERAL INFORMATION**~~

~~It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.~~

1. Frymoyer JW, Wiesel SW. *The Adult and Pediatric Spine*. Lippincott Williams & Wilkins; 2004.
2. Garfin SR, Eismont FJ, Bell GR, Bono CM, Fischgrund J. *Rothman-Simeone The Spine E-Book*. Elsevier Health Sciences; 2017.
3. Coverage Recommendations. North American Spine Society (NASS). Accessed June 15, 2015. https://www.spine.org/PolicyPractice/CoverageRecommendations/CoverageRecommendations.aspx

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