| *National Imaging Associates, Inc. | |
|---|---|
| **Clinical guidelines:**<br>**SPINE SURGERY OTHER** | **Original Date: July 2015** |
| **CPT Codes**:**<br>- **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**<br><br>***See UM Matrix for allowable billed groupings and additional covered codes* | **Last Revised Date: -December~~May~~ 2023** |
| **Guideline Number: NIA_CG_309** | **Implementation Date: July ~~January~~ 2024** |

# TABLE OF CONTENTS


GENERAL INFORMATION ..... 2

STATEMENT ..... 2

INDICATIONS ..... 3

FUSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION ..... 3

DECOMPRESSION SURGERY (ANY REGION) FOR THE TREATMENT OF SPINAL NEOPLASM, LESION, OR INFECTION ..... 3

REFERENCES ..... 7

# 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.*

## STATEMENT

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.~~ Operative treatment is indicated when the natural history of surgically treated lesions is better than the natural history for non-operatively treated lesions. 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. All individuals being considered for surgical intervention should receive a comprehensive neuromusculoskeletal examination to identify pain generators that may either respond to non-surgical techniques or may be refractory to surgical intervention.

Aggressive surgical approaches to fusion may be an indication for denial of cases (when such techniques have not been demonstrated to be superior to less morbid techniques) or recommendation for alternative procedure. Because of variable outcomes with fusion surgery, individuals should be actively involved in the decision-making process and provided appropriate decision-support materials explaining potential risks/benefits and treatment alternatives when considering this intervention.

## Scope

Spinal surgeries should be performed only by those with extensive surgical training (neurosurgery, orthopedic surgery). Choice of surgical approach is based on anatomy, pathology, and the surgeon's experience and preference.

Instrumentation, bone formation or grafting materials, including biologics, should be used at the surgeon’s discretion; however, use should be limited to FDA approved indications regarding the specific devices or biologics.

# INDICATIONS

## Fusion Surgery (Any Region) For The Treatment Of Spinal Neoplasm, Lesion, Or Infection

The following criteria must be met for urgent intervention

- Positive clinical findings of myelopathy with evidence of progressive neurologic deficits consistent with worsening **spinal cord compression due to tumor or infection**—immediate surgical evaluation is indicated.[1-4] Symptoms may include any of the following [1, 2]:
    - 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:**
    - Evidence of gross biomechanical instability resulting in acute neurological risk requiring surgical reconstruction/fusion
    - 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 individuals 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 [3, 4, 5][5-7]

The following criteria must be met:

- Positive clinical findings of myelopathy with evidence of progressive neurologic deficits consistent with worsening **spinal cord compression due to tumor or infection**—immediate surgical evaluation is indicated.~~[1,2]~~ 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 MRI or CT imaging—immediate surgical evaluation is indicated; **OR**
- When ***ALL of the following*** criteria are met:
    - Clinical exam findings confirm significant radiculopathy or severe axial pain
    - 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 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 |
|---|---|
| December 2023 | ~~Added Table of Contents~~<br>~~Updated references~~<br>• ~~Edited text for clarity~~No content changes |
| May 2023 | Updated references |
| May 2022 | Replaced “patients” with “individuals” where appropriate |

## REFERENCES


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**Reviewed / Approved by NIA Clinical Guideline Committee**

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