Local Coverage Determination (LCD): Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions (L33382)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33382

LCD Title
Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 01/08/2019

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
    - Chapter 6, Section 6.5.2 Conducting Patient Status Reviews of Claims for Medicare Part A Payment for Inpatient Hospital Admissions
    - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Low back pain is a common disorder affecting 80% of people at some point in their lives. Causes stem from a wide variety of conditions, although in some cases no specific etiology is identified. Age-related intervertebral disc degeneration, typically resulting in degeneration of the discs themselves, facet joint arthrosis and segmental instability are causative factors. Initial management can include rest, exercise program, avoidance of activities that aggravate pain, application of heat/cold modalities, pharmacotherapy, local injections, lumbar bracing, chiropractic manipulation, and physical therapy. When conservative therapy (non-surgical medical management) is unsuccessful after at least 3 to 12 months, depending on the diagnosis, lumbar spinal fusion may be considered for certain conditions.

The goal of lumbar spinal fusion, also referred to as lumbar arthrodesis, is to permanently immobilize the spinal column vertebrae surrounding the disc(s) that are causing the discogenic low back pain. Surgical techniques to achieve lumbar spinal fusion are numerous, and include different surgical approaches (anterior, posterior, lateral) to the spine, different areas of fusion (intervertebral body (interbody), transverse process (posterolateral), different fusion materials (bone graft and/or metal instrumentation), and a variety of ancillary techniques to augment fusion. The scope of this LCD is the indications and medical need of Lumbar Spinal Fusion for instability and degenerative disc conditions.

Arthrodesis is usually performed for conditions that involve only one vertebral segment, however, it is necessary to fuse two segments in order to stop movement, which is referred to as a single level fusion. Lumbar fusion of more than a single level is not typically recommended except in some situations such as trauma, deformity, or for neoplasm. For the majority of the population age 65 or older, pure degenerative disc disease (DDD) without co-morbidities/co-diagnoses is rare and multilevel lumbar fusion in this population is not well studied.

Covered Indications:

Spinal fusion should only be considered as a last step in the treatment of chronic back pain and is not indicated for most persons suffering from back pain. Lumbar spinal fusion surgery may be considered medically necessary and covered for the following indications:

1. Lumbar spinal instability for ANY of the following indications when confirmed by appropriate diagnostic testing (e.g., radiographic imaging, biopsy, bone aspirate, bone scan and gallium scan):

- Acute spinal fracture
- Progressive or significant acute neurological impairment (e.g., increased weakness or bladder instability)
- Neural compression after spinal fracture
- Epidural compression or vertebral destruction from tumor or abscess
- Spinal tuberculosis
- Spinal debridement for infection (e.g., osteomyelitis)
- Spinal deformity (examples include but not limited to idiopathic scoliosis over 40 degrees, progressive

degenerative scoliosis [including spinal levels from the cranial to caudal ends of the deformity and the adjacent normal segment], and sagittal plane deformity + sagittal balance over 10cm)

2. Spinal stenosis for a single level (for example, L4-L5) with associated spondylolisthesis (see classifications below in section 3) or other documented evidence of instability (for example, facet joint instability [iatrogenic] related to decompression), AND symptoms of spinal claudication and radicular pain. The pain must represent a significant functional impairment despite a history of 3 months of conservative therapy (non-surgical medical management) as clinically appropriate addressing the following:

- Activity lifestyle modification
- Daily exercise
- Supervised physical therapy (PT) (activities of daily living [ADLs] diminished despite completing a plan of care)
- Anti-inflammatory medications, oral or injection therapy as appropriate, and analgesics

3. Spondylolisthesis manifested by back pain WITH OR WITHOUT spinal claudication, radicular pain, motor deficit when ANY of the following criteria are met:

- Confirmed progressive deformity usually Grade II or higher
- Multilevel spondylolysis
- Symptomatic low-grade spondylolisthesis associated with back pain and significant functional impairment despite a history of 3 months of conservative therapy (non-surgical medical management) as clinically appropriate addressing the following: activity lifestyle modification; daily exercise; supervised PT (ADLs diminished despite completing a plan of care); and anti-inflammatory medications, oral or injection therapy as appropriate, and analgesics
- Classification of slippage in spondylolisthesis is defined as follows:
    - Grade I =1% to 25%
    - Grade II =26% to 50%
    - Grade III =51% to 75%
    - Grade IV = 76% to 100%
    - Grade V = spondyloptosis and occurs when the L5 vertebra completely slides over the top of the sacrum

4. Degenerative disc disease (DDD) in the absence of instability when all of the following criteria have been met as clinically appropriate for the patient's current episode of care:

- Single level DDD demonstrated on imaging studies (e.g., CT scan, MRI, or discography) as the likely cause of pain. The case specific indications for two level or the rare three or more level planned fusion procedure must be directly addressed in the pre procedure record with clinical correlation to diagnostic testing results (such as disk-space narrowing, end plate changes, annular changes, etc.).
- Pain and significant functional impairment despite a history of at least 6 months of conservative therapy (non-surgical medical management) as clinically appropriate addressing the following:
    - Anti-inflammatory medications, oral or injection therapy as appropriate, and analgesics
    - Daily exercise
    - Activity lifestyle modification
    - Weight reduction as appropriate
    - Supervised PT [ADLs diminished despite completing a plan of care]

OR

- Unsuccessful improvement after completion of intense multidisciplinary rehabilitation (IMR). IMR is

defined as onsite program that includes supervised PT, cognitive behavior component, and other coordinated interventions by health care professionals.

Failure of non-surgical medical management can be historical and does not have to be under the direction of the operating surgeon.

5. Lumbar fusion following prior spinal surgery for the following:

- Recurrent disc herniation despite clinically appropriate post operative nonsurgical medical management (post-operative case specific conservative therapy is prescribed as clinically appropriate in addition to documentation of pain and functional impairment).
- Adjacent segment degeneration or disc herniation despite clinically appropriate post-operative nonsurgical medical management (post-operative case specific conservative therapy is prescribed as clinically appropriate in addition to documentation of pain and functional impairment).
- Associated spondylolisthesis (for example anterolisthesis) after prior spinal surgery with ALL the following as clinically appropriate:
    - Recurrent symptoms consistent with neurological compromise
    - Significant functional impairment
    - Neural compression is documented by recent post-operative imaging
    - Unsuccessful improvement despite 3 months of clinically appropriate post-operative nonsurgical medical management (post-operative case specific conservative therapy is prescribed as clinically appropriate in addition to documentation of pain and functional impairment)
    - Instability is documented by appropriate imaging
    - Patient had some relief of pain symptoms following the prior spinal surgery

6. Treatment of pseudoarthrosis (i.e., nonunion of prior fusion) at the same level after 12 months from prior surgery and ALL of the following are met (unless imaging demonstrates failed spinal instrumentation [for example, fractured rod or loosened screw]):

- Imaging studies confirm evidence of pseudoarthrosis (e.g., radiographs, CT)
- Unsuccessful improvement despite 3 months of clinically appropriate post-operative nonsurgical medical management (post-operative case specific conservative therapy is prescribed as clinically appropriate in addition to documentation of pain and functional impairment)
- Patient had some relief of pain symptoms following the prior spinal surgery

Limitations:

Lumbar spinal fusion for the following conditions is not considered medically necessary and is noncovered:

1. When performed with initial primary laminectomy/discectomy for nerve root decompression or spinal stenosis, without documented spondylolisthesis or documentation of instability (e.g., documented intraoperative iatrogenic instability).
2. Lumbar fusion at multi-levels (2 or more) for pure DDD unless case specific indications for two level or the rare three or more level planned fusion procedure is directly addressed in the pre-procedure record.

Any major procedure has significant benefit and risk (injury or death) that the treating physician discusses with the patient. To meet the reasonable and necessary (R&N) threshold for coverage of a procedure, the physician's documentation for the case should clearly support both the diagnostic criteria for the indication (standard test results

and/or clinical findings as applicable) and the medical need (the procedure does not exceed the medical need and is at least as beneficial as existing alternatives & the procedure is furnished with accepted standards of medical practice in a setting appropriate for the patient's medical needs and condition). Lacking compelling arguments for an exception in the supporting documentation, the hospital (FISS claim) and physician services (MCS claim) can be denied. If in certain circumstances the patient does not meet all of the required criteria outlined in the local coverage determination (LCD) for a procedure, but the treating physician feels that the procedure is a covered procedure given the current standards of care, then the documentation must clearly outline the patient's episode of care that supports the major procedure and must clearly address the reason(s) for coverage. For example, if clinical findings (or lack of) for an indication are not consistent with the LCD criteria, it should be directly addressed in the pre-procedure documentation. For example, if certain conservative therapies are not necessary for a given patient, it should be directly noted in the pre-procedure documentation. For example, if lumbar fusion for multiple levels for pure DDD is the planned intervention, the pre-procedure documentation should address this debated indication. The clinical judgment of the treating physician is always a consideration if clearly addressed in the pre-procedure record and if consistent with the episode of care for the patient as documented in patient records and claim history.

The hospital records are the primary source of information for the audit of hospital/procedure services. Therefore, any historical data supporting the medical necessity for the fusion (for example, duration and outcomes of physiotherapy, injection therapy, anatomic factors influencing the decision for surgery, etc.) must be included in the inpatient medical record as noted in the history and physical examination, operative note and/or copies of office notes. For example, fusion of iatrogenic instability (i.e., surgical resection of facet as essential portion of the required decompression rendering an unstable segment) should be documented in a pre-operative note and/or an operative note.

When reviewing claims for procedures with DRGs please refer to CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 6, Section 6.5.2.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions (A57654) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions (A57654) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L32076

Abbott, A., Tyni-Lenné, R., and Hedlund, R. (2010). Early rehabilitation targeting cognition, behavior, and motor function after lumbar fusion. *Spine,* 35(8), 848-857.

Aetna Clinical Policy Bulletin: Spinal Surgery: Laminectomy and fusion, # 0743. (2010).

American Academy of Orthopaedic Surgeons (AAOS). (2008). Position statement: The effects of tobacco exposure on the musculoskeletal system. Retrieved on 05/03/2011

Carreon LY, Glassman S, Howard J, (2008). Fusion and nonsurgical treatment for symptomatic lumbar degenerative disease: a systematic review of Oswestry Disability Index and MOS Short Form-36 outcomes. *Spine Journal*; 8(5): 747-755.

Chou, R., Loeser, J., Owens, D., Rosenquist, R., Atlas, S., Baisden, J., et al (2009). Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. An evidence-based clinical practice guideline from *The American Pain Society, 34* (10), 1066-1077.

Chou, R., Qaseem, A., Snow, V., Casey, D., Cross, T., Shekelle, P. and et al. (2007). Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine, 147*, 7.

Cigna Medical Coverage Policy. Lumbar fusion for spinal instability and degenerative disc conditions, # 0303. (2011)

CPT® Changes Archives: An Insider's View 2000-2011

Crawford, C., Smail, J., Carreon, L., & Glassman, S. (2011). Health-related quality of life after posterolateral lumbar arthrodesis in patients seventy-five years of age and older. *Spine, 36*, 1065-1068.

Deyo, R., Nachemson, A., & Mirza, S. (2004). Spinal-fusion surgery – The case for restraint. *The New England Journal of Medicine, 350*(7), 722-726.

International Society for the Advancement of Spine Surgery (ISASS). (2011). Policy statement on Lumbar spinal fusion surgery

InterQual®2011 Procedures Adult Criteria, Lumbar spine fusion.

Kishner, S. & Keenan, M. (2011). Degenerative disk disease. Medscape. Retrieved on 05/04/2011

Lettice, J., Kula, T., Derby, R.; Kim, B., Lee, S., & Seo, K. (2005). Does the number of levels affect lumbar fusion outcome? *Spine, 30*(6), 675-681.

McCrory, D., Turner, D., Patwardhan, M., & Richardson, W. (2006). Spinal fusion for treatment of degenerative disease affecting the lumbar spine. Technology Assessment (draft) prepared for the Agency for Healthcare Research and Quality (AHRQ) by Duke Evidence-based Practice Center.

Milliman Care Guidelines®, Lumbar fusion. 2010.

North American Spine Society. (2007). Evidence-based clinical guidelines for multidisciplinary spine care. Diagnosis and treatment of degenerative lumbar spinal stenosis.

North American Spine Society. (2008). Evidence-based guidelines for multidisciplinary spine care. Diagnosis and treatment of degenerative lumbar spondylolisthesis.

Resnick, D., Choudhri, T., Dailey, A., Groff, M., Khoo, L., Matz, P., et al. (2005). Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 6: magnetic resonance imaging and discography for patient selection for lumbar fusion. *Journal of Neurosurgery: Spine, 2*, 670-672.

Resnick, D., Choudhri, T., Dailey, A., Groff, M., Khoo, L., Matz, P., et al. (2005). Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 7: intractable low-back pain without stenosis or spondylolisthesis. *Journal of Neurosurgery: Spine, 2*, 662-669.

Schoelles, K., Reston, J., Treadwell, J., Nobel, M., & Snyder, D. (2007). Spinal fusion and discography for chronic low back pain and uncomplicated lumbar degenerative disc disease. *ECRI Institute, Washington State Health Care Authority*.

Wellmark Blue Cross and Blue Shield. (2010). Spinal Fusion, Medical Policy 07.01.49.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/08/2019	R8	Revision Number: 6 Publication: November 2019 Connection LCR A/B2019-075 Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT/HCPCS Codes," "ICD-10	• Other (Revision based on CR 10901)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Codes that Support Medical Necessity," "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. In addition, the Social Security Act and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
10/23/2018	R7	Revision Number: 5 Publication: November 2018 Connection LCR A/B2018-080 Explanation of Revision: Based on a review, the LCD was revised to include the descriptors for the ICD-10-PCS codes listed in the "ICD-10 Codes that Support Medical Necessity/Group 1 Paragraph:/Inpatient only ICD-10 CM Procedure Codes" section of the LCD. Also, the inactive links were removed from the "Sources of Information" section of the LCD. The effective date of this revision is based on process date. 10/23/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	• Other
10/01/2018	R6	Revision Number: 4 Publication: September 2018 Connection LCR A/B2018-074 Explanation of Revision: Based on CR 10847 (Annual 2019 ICD-10-CM Update) the LCD was revised. Deleted ICD-10- PCS codes 0SG00Z0, 0SG00Z1, 0SG00ZJ, 0SG10Z0, 0SG10Z1, 0SG10ZJ, 0SG30Z0, 0SG30Z1, 0SG30ZJ, 0SG50ZZ, and 0SG60ZZ in the "ICD-10 Codes that Support Medical Necessity" "Inpatient only	• Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		ICD-10 CM Procedure Codes" section of the LCD. In addition, the sources of information section of the LCD was revised to complete a partial citation of a reference listed the bibliography section. The effective date of this revision is based on date of service. 10/01/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
01/01/2018	R5	Revision Number: 3 Publication: December 2017 Connection LCR A/B2018-001 **Explanation of Revision:** Annual 2018 HCPCS Update. CPT code 0309T was deleted from the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD. The effective date of this revision is based on date of service. 01/01/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	• Revisions Due To CPT/HCPCS Code Changes
10/01/2017	R4	**Revision Number: 2** Publication: September 2017 Connection LCR A/B2017-038 **Explanation of Revision:** Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-PCS codes 0RGA0A1, 0SG00A1, 0SG10A1, 0SG30A1. The effective date of this revision is based on date of service. 10/01/2017: At this time 21st Century Cures Act will apply to	• Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	
01/01/2017	R3	Revision Number: 1 Publication: December 2016 Connection LCR A/B2017-001 Explanation of Revision: Annual 2017 HCPCS Update. Revised to add CPT and/or HCPCS code(s) 22853, 22854 and 22859. The effective date of this revision is based on date of service.	• Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R2	Explanation of revision: 12/29/15 Corrected beginning alpha character in the following PCS codes to numeric character "0" 0RGA0A0, 0RGA0A1, 0RGA0AJ and 0SG30A1	• Typographical Error
10/01/2015	R1	12/15/2015 Association to Part B contractor numbers (09102, 09202 and 09302).	• Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)
A57654 - Billing and Coding: Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/21/2019 with effective dates 01/08/2019 - N/A
Updated on 10/24/2018 with effective dates 10/23/2018 - 01/07/2019
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article:
Billing and Coding: Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions (A57654)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

Article ID
A57654

Article Title
Billing and Coding: Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions

Article Type
Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Original Effective Date
10/03/2018

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33382 Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor

upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. Medical record documentation maintained by the physician must include the following:
    - Complete operative report outlining operative approach used and all the components of the spine surgery.
    - Documentation of the history and duration of unsuccessful conservative therapy (non-surgical medical management) (for example, duration and outcomes of physiotherapy, injection therapy, anatomic factors influencing the decision for surgery, etc.) when applicable. Failure of non-surgical medical management can be historical and does not have to be under the direction of the operating surgeon.
    - Interpretation and reports for X-rays, MRI's, CT's, etc.
    - Medical clearance reports (as applicable).

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33382, Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following Group 1 CPT codes and ICD-10-PCS codes associated with the services outlined in this Billing and Coding Article will not have diagnosis code limitations applied at this time.

Group 1 Codes:

CODE	DESCRIPTION
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)
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION);

CODE	DESCRIPTION
	LUMBAR
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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 POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; LUMBAR
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING LAMINECTOMY AND/OR DISCECTOMY SUFFICIENT TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE AND SEGMENT; EACH ADDITIONAL INTERSPACE AND SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS
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

CODE	DESCRIPTION
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO INTERVERTEBRAL DISC SPACE IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR DEVICE ANCHORING (EG, SCREWS, FLANGES), WHEN PERFORMED, TO VERTEBRAL CORPECTOMY(IES) (VERTEBRAL BODY RESECTION, PARTIAL OR COMPLETE) DEFECT, IN CONJUNCTION WITH INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL DISC SPACE OR VERTEBRAL BODY DEFECT WITHOUT INTERBODY ARTHRODESIS, EACH CONTIGUOUS DEFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Part A ICD-10 PCS codes

0RGA0A0 Fusion of thoracolumbar vertebral joint with interbody fusion device, anterior approach, anterior column, open approach >

0RGA0AJ Fusion of thoracolumbar vertebral joint with interbody fusion device, posterior approach, anterior column, open approach

0SG0070 Fusion of lumbar vertebral joint with autologous tissue substitute, anterior approach, anterior column, open approach

0SG0071 Fusion of lumbar vertebral joint with autologous tissue substitute, posterior approach, posterior column, open approach

0SG007J Fusion of lumbar vertebral joint with autologous tissue substitute, posterior approach, anterior column, open approach

0SG00AJ Fusion of lumbar vertebral joint with interbody fusion device, posterior approach, anterior column, open approach

0SG00A0 Fusion of lumbar vertebral joint with interbody fusion device, anterior approach, anterior column, open approach

0SG00J0 Fusion of lumbar vertebral joint with synthetic substitute, anterior approach, anterior column, open approach

0SG00J1 Fusion of lumbar vertebral joint with synthetic substitute, posterior approach, posterior column, open approach

0SG00JJ Fusion of lumbar vertebral joint with synthetic substitute, posterior approach, anterior column, open approach

0SG00K0 Fusion of lumbar vertebral joint with nonautologous tissue substitute, anterior approach, anterior column, open approach

0SG00K1 Fusion of lumbar vertebral joint with nonautologous tissue substitute, posterior approach, posterior column, open approach

0SG00KJ Fusion of lumbar vertebral joint with nonautologous tissue substitute, posterior approach, anterior column, open approach

0SG1070 Fusion of 2 or more lumbar vertebral joints with autologous tissue substitute, anterior approach, anterior column, open approach

0SG1071 Fusion of 2 or more lumbar vertebral joints with autologous tissue substitute, posterior approach, posterior column, open approach

0SG107J Fusion of 2 or more lumbar vertebral joints with autologous tissue substitute, posterior approach, anterior column, open approach

0SG10A0 Fusion of 2 or more lumbar vertebral joints with interbody fusion device, anterior approach, anterior column, open approach

0SG10AJ Fusion of 2 or more lumbar vertebral joints with interbody fusion device, posterior approach, anterior column, open approach

0SG10J0 Fusion of 2 or more lumbar vertebral joints with synthetic substitute, anterior approach, anterior column, open approach

0SG10J1 Fusion of 2 or more lumbar vertebral joints with synthetic substitute, posterior approach, posterior column, open approach

0SG10JJ Fusion of 2 or more lumbar vertebral joints with synthetic substitute, posterior approach, anterior column, open approach

0SG10K0 Fusion of 2 or more lumbar vertebral joints with nonautologous tissue substitute, anterior approach, anterior column, open approach

0SG10K1 Fusion of 2 or more lumbar vertebral joints with nonautologous tissue substitute, posterior approach, posterior column, open approach

0SG10KJ Fusion of 2 or more lumbar vertebral joints with nonautologous tissue substitute, posterior approach, anterior column, open approach

0SG3070 Fusion of lumbosacral joint with autologous tissue substitute, anterior approach, anterior column, open approach

0SG3071 Fusion of lumbosacral joint with autologous tissue substitute, posterior approach, posterior column, open approach

0SG307J Fusion of lumbosacral joint with autologous tissue substitute, posterior approach, anterior column, open approach

0SG30A0 Fusion of lumbosacral joint with interbody fusion device, anterior approach, anterior column, open approach

0SG30AJ Fusion of lumbosacral joint with interbody fusion device, posterior approach, anterior column, open approach

0SG30J0 Fusion of lumbosacral joint with synthetic substitute, anterior approach, anterior column, open approach

0SG30J1 Fusion of lumbosacral joint with synthetic substitute, posterior approach, posterior column, open approach

0SG30JJ Fusion of lumbosacral joint with synthetic substitute, posterior approach, anterior column, open approach

0SG30K0 Fusion of lumbosacral joint with nonautologous tissue substitute, anterior approach, anterior column, open approach

0SG30K1 Fusion of lumbosacral joint with nonautologous tissue substitute, posterior approach, posterior column, open approach

0SG30KJ Fusion of lumbosacral joint with nonautologous tissue substitute, posterior approach, anterior column, open approach

0SG504Z Fusion of sacrococcygeal joint with internal fixation device, open approach

0SG507Z Fusion of sacrococcygeal joint with autologous tissue substitute, open approach

0SG50JZ Fusion of sacrococcygeal joint with synthetic substitute, open approach

0SG50KZ Fusion of sacrococcygeal joint with nonautologous tissue substitute, open approach

0SG604Z Fusion of coccygeal joint with internal fixation device, open approach

0SG607Z Fusion of coccygeal joint with autologous tissue substitute, open approach

0SG60JZ Fusion of coccygeal joint with synthetic substitute, open approach

0SG60KZ Fusion of coccygeal joint with nonautologous tissue substitute, open approach

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type.Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L33382 - Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/21/2019 with effective dates 10/03/2018 - N/A

Keywords

N/A