Spinal Fusion Surgery

Spinal fusion (also known as spinal arthrodesis) is a surgical treatment utilized for neck or back pain that fuses (unites) two or more vertebral bodies in the spinal column. The most common goal of spinal fusion surgery is to restrict spinal motion in order to relieve painful symptoms. Spinal fusion surgery is generally utilized to treat degenerative disc disease (DDD), spondylolisthesis, trauma resulting in spinal nerve compression, abnormal spinal curvatures (scoliosis or kyphosis) and vertebral instability caused by infections or tumors.

Spinal fusion may be performed using a minimally invasive or open approach. All fusion surgeries involve the placement of a bone graft between the vertebrae. The bone graft utilized may be taken either from another bone in the patient (autograft) or from a bone bank (allograft). Bone morphogenic proteins (BMPs) have been developed as a substitute for natural bone grafting material; BMP facilitates in-growth of bone to accomplish the fusion (please refer to Bone Graft Substitutes Medical Coverage Policy).
The spine may be approached and the graft placed from either the back (posterior approach), the front (anterior approach), or by a combination of both. A fusion can be performed with or without the use of supplemental hardware such as plates, screws or cages that serve as an internal splint while the bone graft heals. However, current practice most commonly employs hardware in addition to the grafts.

Spinal fusion surgeries may also be performed in conjunction with a laminectomy, laminotomy, foraminectomy, foraminotomy, laminoplasty, corpectomy, or facetectomy procedure (please refer to Spinal Decompression Surgery Medical Coverage Policy).

Another approach to spinal fusion utilizes a laparoscope (endoscope), which is proposed as a minimally invasive technique to decrease injury to surrounding tissues and promote a quicker recovery time. There are several types of these procedures/techniques, including but not limited to the axial lumbar interbody fusion via a pre-sacral approach (AxiaLIF®), extreme lateral interbody fusion (XLIF®), laparoscopic anterior lumbar interbody fusion (LALIF), and minimally invasive transforaminal lumbar fusion (MITLIF). (See Coverage Limitations section).

Facet joint replacement/implant is a new device for facet joint degeneration, which may be used in conjunction with a spinal fusion. It is purported as a system for facet joint reconstruction, matching the joint shape and size in order to provide pain relief, normal motion, and stability. An example of this device includes but may not be limited to the Acadia™ Facet Replacement System. Please note: the Acadia™ is not Food and Drug Administration (FDA) approved; it is currently in an ongoing clinical trial. (See Coverage Limitations section).

For information regarding artificial intervertebral disc replacement, please refer to Artificial Intervertebral Disc Replacement Medical Coverage Policy.

For information regarding interspinous process decompression spacers (X-Stop®), please refer to Interspinous Decompression Spacers Medical Coverage Policy.

For information regarding non-rigid spinal stabilization devices (Dynesys® dynamic stabilization system), please refer to Dynamic Spinal Stabilization Devices Medical Coverage Policy.

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Coverage Determination

Cervical

Humana members may be eligible under the Plan for cervical fusion surgery for the following indications as confirmed by radiographic evidence:

- As a concurrent stabilization procedure with a corpectomy or laminectomy; OR
- Cervical instability in Down syndrome; OR
- Cervical instability in skeletal dysplasia or connective tissue disorders; OR
- Degenerative spinal segment adjacent to a previously decompressed or fused spinal segment with ONE of the following:
  - Symptomatic myelopathy corresponding to the adjacent level; OR
  - Symptomatic radiculopathy corresponding to the adjacent level and unresponsive to conservative treatment; OR
- Degenerative spondylosis with kyphosis that is causing spinal cord compression; OR
- Disc herniation with radiculopathy and BOTH of the following:
  - Failure of conservative treatment; AND
  - Unremitting radicular pain or progressive weakness secondary to nerve root compression; OR
- Klippel-Feil syndrome; OR
- Multilevel spondylotic myelopathy, as evidenced by ONE of the following:
  - Corresponding clinical symptoms (including, but may not be limited to, bowel or bladder incontinence, clumsiness of hands, frequent falls,
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- Diagnostic imaging positive for cord compression from either herniated disc or osteophyte; OR
- Multilevel spondylotic radiculopathy; OR
- Ossification of the posterior longitudinal ligament up to and including three levels; OR
- Spinal abscess/infection; OR
- Spinal tumor (primary or metastatic) with associated cord compression, pathologic fracture or instability; OR
- Subluxation or compression due to rheumatoid arthritis; OR
- Symptomatic pseudoarthrosis from a prior procedure; OR
- Symptomatic spondylosis with instability, as evidenced radiographically by ONE of the following:
  - Subluxation or translation of more than 3.5 mm on static lateral views or dynamic radiographs; OR
  - Sagittal plane angulation of more than 11 degrees between adjacent segments; OR
  - More than 4 mm of motion (subluxation) between the tips of the spinous processes on dynamic views; OR
- Traumatic disc herniation; OR
- Unstable injury such as an atlas and axis fracture, burst fracture, facet fracture with dislocation; OR
- Other symptomatic instability or cord or root compression and BOTH of the following:

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- Unresponsive to conservative treatment (e.g., rest, medication, cervical collar); AND
- Imaging study demonstrating corresponding pathologic anatomy

**Lumbar**

Humana members may be eligible under the Plan for lumbar fusion surgery for the following indications as confirmed by radiographic evidence:

- Severe degenerative scoliosis with ANY of the following:
  - Progression of deformity to greater than 50 degrees with loss of function; OR
  - Persistent significant radicular pain or weakness unresponsive to conservative treatment; OR
  - Persistent neurogenic claudication unresponsive to conservative treatment; OR

- Spinal abscess/infection; OR
- Spinal dislocation; OR
- Spinal fracture with instability or neural compression; OR
- Spinal stenosis associated with spondylolisthesis with ONE of the following:
  - Progressive or severe symptoms of neurogenic claudication; OR
  - Back pain, neurogenic claudication symptoms, or radicular pain associated with ALL of the following:
    - Significant functional impairment; AND
    - Listhesis demonstrated on plain x-rays; AND
    - Central, lateral recess or foraminal stenosis demonstrated on
Spinal Fusion Surgery
Original Effective Date: 11/20/2008
Revised Date: 12/01/2011
Review Date: 12/01/2011
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imaging (e.g., magnetic resonance imaging (MRI), computed tomography (CT) scan, myelography); **AND**

- Failure of three months of conservative treatment; **OR**
- Spinal tuberculosis; **OR**
- Spinal tumor; **OR**
- Spondylolysis such as isthmic spondylolisthesis with **ONE** of the following:
  - Progressive deformity or neurologic compromise; **OR**
  - Symptomatic high-grade (i.e., 50% or more anterior slippage) spondylolisthesis demonstrated on plain x-rays; **OR**
  - Multilevel spondylolysis; **OR**
  - Symptomatic low-grade spondylolisthesis after 6 to 12 months of conservative treatment.

**Thoracic**

Humana members may be eligible under the Plan for **thoracic fusion surgery** for the following indications as confirmed by radiographic evidence:

- Degenerative spondylosis with kyphosis that is causing spinal cord compression; **OR**
- Severe scoliosis with any of the following:
  - Progression of deformity to greater than 50 degrees with loss of function; **OR**
  - Persistent significant pain or weakness unresponsive to conservative treatment; **OR**
  - Persistent neurogenic claudication unresponsive to conservative treatment; **OR**

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Spinal Fusion Surgery
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Coverage Limitations

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- Spinal abscess or infection; OR
- Spinal fractures with instability or neural compression; OR
- Spinal tumor.

Note: A minimally invasive (laparoscopic or endoscopic) approach to spinal fusion at any level (cervical, thoracic, or lumbar) is considered integral to the primary procedure and would not be subject to additional reimbursement on the part of the surgeon or the facility. This would include, but may not be limited to the AxiaLIF®, XLIF®, MITLIF, and/or laparoscopic approach to anterior lumbar interbody fusion.

Additionally, robotic-assisted surgery and/or robotic guidance systems (e.g., Renaissance™ System and SpineAssist Miniature Robotic System) is considered integral to the primary procedure and not separately reimbursable.

Humana members may NOT be eligible under the Plan for spinal fusion surgery for any indications other than those listed above. This technology is considered experimental/investigational or NOT medically necessary if it is not utilized in accordance with nationally recognized standards of medical practice and/or identified as safe, widely used and generally accepted as effective for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for facet joint replacement/implants, including but not limited to, the Acadia™ Facet Replacement System (AFRS). This technology is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may NOT be eligible under the Plan for Artificial Intervertebral Disc Replacement. Please refer to Artificial Intervertebral Disc Replacement Medical Coverage Policy.

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Humana members may NOT be eligible under the Plan for Interspinous Process Decompression Spacers (X-Stop®). Please refer to Interspinous Decompression Spacers Medical Coverage Policy.

Humana members may NOT be eligible under the Plan for non-rigid spinal stabilization devices (Dynesys® Dynamic Stabilization System). Please refer to Dynamic Spinal Stabilization Devices Medical Coverage Policy.

Background

You can learn more about degenerative disc disease (DDD), scoliosis, spondylolisthesis from the following sites:

- American Academy of Orthopaedic Surgeons (AAOS) - http://www.aaos.org

Medical Alternatives

Alternatives to cervical fusion surgery include but may not be limited to the following:

- Cervical orthosis (please refer to Orthotics Medical Coverage Policy)
- Halo vest for acute injury (please refer to Orthotics Medical Coverage Policy)
- Laminectomy (please refer to Spinal Decompression Surgery Medical Coverage Policy)
- Laminoplasty (please refer to Spinal Decompression Surgery Medical Coverage Policy)
- Physical therapy (please refer to Physical/Occupational Therapy Medical Coverage Policy)

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Prescription drug therapy may be appropriate for this condition
Radiation therapy and/or chemotherapy for a spinal tumor.

Alternatives to lumbar fusion surgery include, but may not be limited to the following:

- Back brace (please refer to Orthotics Medical Coverage Policy)
- Laminectomy (please refer to Spinal Decompression Surgery Medical Coverage Policy)
- Laminotomy (please refer to Spinal Decompression Surgery Medical Coverage Policy)
- Physical therapy (please refer to Physical/Occupational Therapy Medical Coverage Policy)

Prescription drug therapy may be appropriate for this condition
Radiation therapy and/or chemotherapy for a spinal tumor.

Alternatives to thoracic fusion surgery include, but may not be limited to the following:

- Back brace (please refer to Orthotics Medical Coverage Policy)
- Physical therapy (please refer to Physical/Occupational Therapy Medical Coverage Policy)

Prescription drug therapy may be appropriate for this condition
Radiation therapy and/or chemotherapy for a spinal tumor.

To make the best health decision for your individual needs, consult your physician.

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### Provider Claims Codes

All provider claims codes surrounding this topic may not be included in the following table:

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>+20930</td>
<td>Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>+20931</td>
<td>Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>+20936</td>
<td>Autograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>+20937</td>
<td>Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
<tr>
<td>+20938</td>
<td>Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)</td>
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</tr>
<tr>
<td>22532</td>
<td>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</td>
<td></td>
</tr>
<tr>
<td>22533</td>
<td>Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</td>
<td></td>
</tr>
<tr>
<td>+22534</td>
<td>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)</td>
<td></td>
</tr>
<tr>
<td>22548</td>
<td>Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>22551</td>
<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>+22552</td>
<td>Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)</td>
<td>01/01/2011</td>
</tr>
<tr>
<td>22554</td>
<td>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2</td>
<td></td>
</tr>
<tr>
<td>22556</td>
<td>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</td>
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</tr>
<tr>
<td>22558</td>
<td>Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</td>
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</tr>
<tr>
<td>+22585</td>
<td>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)</td>
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<tr>
<td>22590</td>
<td>Arthrodesis, posterior technique, craniocervical (occiput-C2)</td>
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<tr>
<td>22595</td>
<td>Arthrodesis, posterior technique, atlas-axis (C1-C2)</td>
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<tr>
<td>22600</td>
<td>Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment</td>
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</tr>
<tr>
<td>22610</td>
<td>Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)</td>
<td></td>
</tr>
<tr>
<td>22612</td>
<td>Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)</td>
<td></td>
</tr>
<tr>
<td>+22614</td>
<td>Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)</td>
<td></td>
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</tbody>
</table>

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### Code: 22630
**Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

### Code: +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)**

### Code: 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**

- **Code Effective 01/01/2012**

### Code: 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)**

- **Code Effective 01/01/2012**

### Code: 22800
**Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments**

### Code: 22802
**Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments**

### Code: 22804
**Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments**

### Code: 22808
**Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments**

### Code: 22810
**Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments**

### Code: 22812
**Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments**

### Code: 22818
**Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments**

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<table>
<thead>
<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
<td>22819</td>
<td>Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments</td>
</tr>
<tr>
<td>22830</td>
<td>Exploration of spinal fusion</td>
</tr>
<tr>
<td>22840</td>
<td>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) (List separately in addition to code for primary procedure)</td>
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<tr>
<td>22841</td>
<td>Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22842</td>
<td>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)</td>
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<tr>
<td>22843</td>
<td>Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)</td>
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<td>22844</td>
<td>Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)</td>
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<tr>
<td>22845</td>
<td>Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22846</td>
<td>Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)</td>
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<tr>
<td>22847</td>
<td>Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)</td>
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<tr>
<td>22851</td>
<td>Application of intervertebral biomechanical device(s) (e.g., synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

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### Spinal Fusion Surgery

**Original Effective Date:** 11/20/2008  
**Revised Date:** 12/01/2011  
**Review Date:** 12/01/2011  
**Policy Number:** CLPD-477-003  
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#### Category III CPT® Codes

<table>
<thead>
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<th>CPT® Codes</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>0195T</td>
<td>Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace</td>
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<tr>
<td>+0196T</td>
<td>Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)</td>
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</tr>
<tr>
<td>0202T</td>
<td>Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine</td>
<td>Not Covered</td>
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<tr>
<td>0219T</td>
<td>Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical</td>
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<tr>
<td>0220T</td>
<td>Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic</td>
<td>Not Covered</td>
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<tr>
<td>0221T</td>
<td>Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar</td>
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<tr>
<td>+0222T</td>
<td>Placement of 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)</td>
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#### HCPCS® Codes

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### ICD-9 Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81.00</td>
<td>Spinal fusion, not otherwise specified</td>
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</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>81.01</td>
<td>Spinal fusion/ Atlas-axis spinal fusion</td>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.02</td>
<td>Spinal fusion; Other cervical fusion of the anterior column, anterior technique</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>81.03</td>
<td>Spinal fusion; Other cervical fusion of the posterior column, posterior technique</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.04</td>
<td>Spinal fusion; Dorsal and dorsolumbar fusion of the anterior column, anterior technique</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.05</td>
<td>Spinal fusion; Dorsal and dorsolumbar fusion of the posterior column, posterior technique</td>
</tr>
</tbody>
</table>

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## Spinal Fusion Surgery

**Original Effective Date:** 11/20/2008  
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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 81.06 | Spinal fusion; Lumbar and lumbosacral fusion, anterior column, anterior technique  
Anterior lumbar interbody fusion [ALIF]  
Arthrodesis of lumbar or lumbosacral region:  
Anterior interbody fusion  
Anterolateral technique  
Retroperitoneal  
Transperitoneal  
Direct lateral interbody fusion [DLIF]  
Extreme lateral interbody fusion [XLIF] |
| 81.07 | Spinal fusion; Lumbar and lumbosacral fusion of the posterior column, posterior technique  
Facet fusion  
Posterolateral technique  
Transverse process technique |
| 81.08 | Spinal fusion; Lumbar and lumbosacral fusion of the anterior column, posterior technique  
Arthrodesis of lumbar or lumbosacral region, posterior interbody fusion  
Axial lumbar interbody fusion [AxiaLIF]  
Posterior lumbar interbody fusion [PLIF]  
Transforaminal lumbar interbody fusion [TLIF] |
| 81.31 | Refusion of spine; Refusion of atlas-axis spine  
Cranio cervical fusion by anterior transoral or posterior technique  
C1-C2 fusion by anterior transoral or posterior technique  
Occiput C2 fusion by anterior transoral or posterior technique |
| 81.32 | Refusion of spine; Refusion of other cervical spine, anterior column, anterior technique  
Arthrodesis of C2 level or below:  
Anterior interbody fusion  
Anterolateral technique |
| 81.33 | Refusion of spine; Refusion of other cervical spine, posterior column, posterior technique  
Arthrodesis of C2 level or below; posterolateral technique |

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**Medical Terms**

- **Abscess** - Localized collection of pus surrounded by inflamed tissue.
- **Angulation** - Abnormal bend or curve.
- **Axis Fracture** - Fracture of the second cervical (C2), also known as axis vertebra.
- **Burst Fracture** - Injury to the spine in which the vertebral body is severely compressed. Typically occurs from severe trauma, such as a motor vehicle accident or a fall from a height.
- **Chemotherapy** - Treatment of disease by means of chemicals that have a specific toxic effect upon the disease-producing microorganisms or that selectively destroy cancerous tissue.
- **Computed Tomography (CT) Scan** - Special radiographic technique that uses a computer to assimilate multiple X-ray images into a two-dimensional cross-sectional image.
- **Corpectomy** - Surgical procedure that involves removing a substantial part of a vertebral body.

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Degenerative - Of, relating to, causing, or characterized by degeneration. Deterioration with corresponding impairment or loss of function.

Down Syndrome - Chromosomal disorder caused by an error in cell division resulting in the presence of an additional third chromosome 21 or "trisomy 21."

Dysplasia - Abnormal growth or maturation of cells within a tissue.

Facet - Small, smooth area on a bone or other hard surface.

Herniation - To protrude through an abnormal body opening.

Hoffmann Sign - Used to assess patients with symptoms of myelopathy. The test is done by quickly snapping or flicking the patient's middle fingernail. The test is positive for spinal cord compression when the tip of the index finger, ring finger, and/or thumb suddenly flex in response.

Hyperreflexia - Exaggerated response of the deep tendon reflexes, usually resulting from injury to the central nervous system or metabolic disease.

Klippel-Feil Syndrome - Rare disorder characterized by the congenital fusion of any two of the seven cervical (neck) vertebrae.

Kyphosis - Abnormal, convex curvature of the spine, with a resultant bulge at the upper back.

Lamina - Thin plate, sheet, or layer.

Laminectomy - Surgical removal of part of the posterior arch of a vertebra to provide access to the spinal canal, as for the excision of a ruptured disc.

Laminoplasty - As an alternative to a laminectomy, a surgeon may elect to expand the spinal canal by repositioning the lamina rather than removing it completely as in a laminectomy.

Laminotomy - Surgical division of one or more vertebral laminae.

Listhesis - To slip or slide.
Magnetic Resonance Imaging (MRI) - Special imaging technique that is utilized to image internal structures of the body; utilizes high powered magnetic fields rather than X-rays to produce the images.

Myelography - Myelography requires introduction of radiographic contrast media (dye) into the area surrounding the spinal cord and nerves. It is used to diagnose disorders of the spinal canal and cord, such as nerve compression.

Myelopathy - Most commonly caused by spinal stenosis, which is a progressive narrowing of the spinal canal.

Neural - Of, or pertaining to a nerve or the nervous system.

Neurogenic Claudication - Generally a symptom of spinal stenosis, or inflammation of the nerves originating from the spinal cord. Neurogenic means that the problem begins with a nerve, and claudication means that the patient feels a painful cramping and/or weakness.

Orthosis - Device used to support a body part.

Ossification - Condition of being altered into a hard bony substance.

Osteophyte - More commonly known as a bone spur. It is a bony growth that forms on normal bone.

Pathologic - Caused by or involving disease.

Physical Therapy - Treatment of physical dysfunction or injury by the therapeutic exercise and the application of modalities, intended to restore or facilitate normal function or development.

Pseudoarthrosis - A false joint formed around a displaced bone after dislocation.

Radiculopathy - Refers to disease of the spinal nerve roots. Produces pain, numbness, or weakness radiating from the spine.

Rheumatoid Arthritis - Autoimmune disease that causes chronic inflammation of the joints.
Sagittal - Relating to, situated in, to the median plane of the body.

Spondylolysis - Disintegration or dissolution of a vertebra.

Spondylosis - Degenerative disease of the spinal column, especially one leading to fusion and immobilization of the vertebral bones. The degenerative process of spondylosis may affect the cervical (neck), thoracic (mid-back), or lumbar (low back) regions of the spine.

Spondylotic Myelopathy - Refers to myelopathy (spinal cord compression) due to narrowing (stenosis) of the spinal canal in the cervical (neck) area.

Subluxation - Partial dislocation (as of one of the bones in a joint).

Tuberculosis - Infectious disease that can affect almost any tissues of the body.

References


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