



CLINICAL GUIDELINES

CMM-604: Posterior Cervical Decompression (Laminectomy / Hemilaminectomy / Laminoplasty) with or without Fusion Guidelines

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-604: Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/ Laminoplasty) with or without Fusion

CMM-604.1: General Guidelines

**CMM-604.2: Initial Primary Posterior Cervical Decompression
(Laminectomy/Hemilaminectomy/Laminoplasty)**

**CMM-604.3: Initial Primary Posterior Cervical Decompression with
Initial Posterior Cervical Fusion**

**CMM-604.4: Repeat Posterior Cervical Decompression at the Same
Level**

**CMM-604.5: Repeat Posterior Cervical Decompression with Initial
Posterior Cervical Fusion at the Same Level**

CMM-604.6: Posterior Cervical Fusion

**CMM-604.7: Posterior Cervical Fusion (with or without
Decompression) following Failed Cervical Disc Surgery**

CMM-604.8: Non-Indications

CMM-604.9: Procedure (CPT®) Codes

CMM-604.10: References

CMM-604.1: General Guidelines

Application of Guideline

- The determination of medical necessity for the performance of posterior cervical decompression (with or without fusion) and the performance of posterior cervical fusion (with or without decompression) is always made on a case-by-case basis.
- For prior authorization requirements, see **CMM-600.1: Prior Authorization Requirements**.

Urgent/Emergent Indications/Conditions

- The presence of urgent/emergent indications/conditions warrants definitive surgical treatment. Confirmatory advanced imaging studies are required. The following criteria are **NOT** required for confirmed urgent/emergent conditions:
 - ◆ Provider-directed non-surgical management
 - ◆ Proof of smoking cessation
 - ◆ Recent (within 6 months) plain X-rays of the cervical spine
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Urgent/emergent conditions for posterior cervical decompression (with or without fusion) and for posterior cervical fusion (with or without decompression) include **ANY** of the following:
 - ◆ Acute/unstable traumatic spinal fractures or dislocations with neural compression
 - ◆ Central cord syndrome
 - ◆ Documentation of progressive neurological deficit on two separate physical examinations
 - ◆ **ANY** of the following due to a neurocompressive pathology
 - Motor weakness of grade 3/5 or less of specified muscle(s)
 - Rapidly progressive symptoms of motor loss
 - Bowel incontinence
 - Bladder incontinence/retention
 - ◆ Epidural hematoma
 - ◆ Infection (e.g. discitis, epidural abscess, osteomyelitis)
 - ◆ Myelopathy or Cord signal changes on MRI due to cord compression
 - ◆ Occipitocervical and/or Atlantoaxial (C1-C2) instability (non-traumatic) and/or spinal cord compression due to **ANY** of the following:
 - Rheumatoid arthritis
 - Congenital abnormality of occipitocervical/C1-C2 vertebrae
 - Os odontoideum
 - ◆ Primary or metastatic neoplastic disease causing pathologic fracture, cord compression, or instability
 - ◆ Documentation of severe debilitating pain and/or dysfunction to the point of being incapacitated
 - ◆ Plain x-rays demonstrate instability and include **EITHER** of the following:
 - Subluxation or translation of more than 3.5 mm on static lateral views

- Sagittal plane angulation of more than 11 degrees between adjacent spinal segments on static **or** dynamic flexion/extension lateral plain x-rays
- ◆ Vascular malformations (e.g. AVM)

CMM-604.2: Initial Primary Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty)

Initial primary posterior cervical decompression (laminectomy/hemilaminectomy/laminoplasty) is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Radiculopathy

- Subjective symptoms including **BOTH** of the following:
 - ◆ Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - ◆ Unremitting radicular pain to shoulder girdle and/or upper extremity resulting in disability
- Objective physical examination findings including **ANY** of the following:
 - ◆ Dermatomal sensory deficit
 - ◆ Motor deficit (e.g. biceps, triceps weakness)
 - ◆ Reflex changes
 - ◆ Shoulder Abduction Relief Sign
 - ◆ Nerve root tension sign (e.g. Spurling's maneuver)
 - ◆ Unremitting radicular pain to shoulder girdle and/or upper extremity without concordant objective physical examination findings
- Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - ◆ Epidural steroid injection(s)/selective nerve root block(s) performed at the same level(s) as the requested surgery
- Recent (within 6 months) MRI/CT identifies nerve root impingement caused by herniated disc(s) and/or osteophytes that is concordant with the patient's symptoms and physical examination findings
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)

Myelopathy

- Subjective symptoms including **ANY** of the following:
 - ◆ Upper/lower extremity weakness, numbness, or pain
 - ◆ Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
 - ◆ Gait disturbance
 - ◆ New-onset bowel or bladder dysfunction
 - ◆ Frequent falls
- Objective physical examination findings including at least **TWO** of the following:
 - ◆ Grip and release test
 - ◆ Ataxic gait
 - ◆ Hyperreflexia
 - ◆ Hoffmann sign
 - ◆ Pathologic Babinski sign
 - ◆ Tandem walking test demonstrating ataxia
 - ◆ Inverted brachial radial reflex
 - ◆ Increased muscle tone or spasticity
 - ◆ Clonus
 - ◆ Myelopathic hand
- Recent (within 6 months) MRI/CT findings that are concordant with the patient's symptoms and physical examination findings including **EITHER** of the following:
 - ◆ MRI/CT identifies cervical spinal cord compression
 - ◆ MRI/CT identifies cervical spinal stenosis

Primary or Metastatic Tumor with Associated Cord Compression and/or Instability

- Imaging evidence of a primary or metastatic tumor with associated cord compression and/or instability

CMM-604.3: Initial Primary Posterior Cervical Decompression with Initial Posterior Cervical Fusion

Initial primary posterior cervical decompression (laminectomy/hemilaminectomy/laminoplasty) **with an initial posterior cervical fusion** is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Radiculopathy

- The individual is a candidate for an initial posterior cervical decompression:
 - ◆ Refer to **CMM-604.2: Initial Primary Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty)**
- Recent (within 6 months) plain X-rays of the cervical spine including flexion/extension lateral views have been performed

- Documentation of nicotine-free status with **EITHER** of the following:
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Myelopathy

- The individual is a candidate for an initial posterior cervical decompression:
 - ◆ Refer to **CMM-604.2: Initial Primary Posterior Cervical Decompression (Laminectomy/Hemilaminectomy/Laminoplasty)**
- Imaging must demonstrate neutral or lordotic alignment (i.e. without kyphosis)

Primary or Metastatic Tumor with Associated Cord Compression and/or Instability

- Imaging evidence of a primary or metastatic tumor with associated cord compression and/or instability

Concurrent Stabilization Procedure

- Posterior cervical fusion is performed concurrently for **EITHER** of the following:
 - ◆ As a concurrent stabilization procedure with corpectomy, laminectomy, or other procedure at the cervicothoracic junction (i.e., C7 and T1)
 - ◆ As a concurrent stabilization procedure with a laminectomy, especially at C2
- Recent (within 6 months) plain X-rays of the cervical spine including flexion/extension lateral views have been performed
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Documentation of nicotine-free status with **EITHER** of the following, (unless request is for decompression only):
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Clinical Conditions with an Increased Incidence of Congenital and/or Acquired Cervical Spinal Instability

EITHER of the following clinical scenarios:

- Plain x-rays demonstrate instability and include **EITHER** of the following (meeting urgent/emergent criteria):
 - ◆ Subluxation or translation of more than 3.5 mm on static lateral views
 - ◆ Sagittal plane angulation of more than 11 degrees between adjacent spinal segments on static **or** dynamic flexion/extension lateral plain x-rays

- **ALL** of the following criteria are met:
 - ◆ Documentation of rheumatoid arthritis or clinical conditions with an increased incidence of congenital and/or acquired cervical spinal instability (e.g. Down syndrome, mucopolysaccharidoses, spondyloepiphyseal dysplasia, pseudoachondroplasia, etc.)
 - ◆ Imaging includes **BOTH** of the following:
 - Imaging evidence of subluxation and/or spinal cord compression
 - Recent (within 6 months) plain X-rays of the cervical spine including flexion/extension lateral views have been performed
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
 - ◆ Documentation of nicotine-free status with **EITHER** of the following:
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Other Symptomatic Cervical Instability or Spinal Cord/Root Compression Requiring Posterior Fusion

EITHER of the following clinical scenarios:

- Plain x-rays demonstrate instability and include **EITHER** of the following (meeting urgent/emergent criteria):
 - ◆ Subluxation or translation of more than 3.5 mm on static lateral views
 - ◆ Sagittal plane angulation of more than 11 degrees between adjacent spinal segments on static **or** dynamic flexion/extension lateral plain x-rays
- **ALL** of the following criteria are met:
 - ◆ Recent (within 6 months) plain X-rays of the cervical spine including flexion/extension lateral views have been performed
 - ◆ Recent (within 6 months) imaging study demonstrating corresponding pathologic anatomy
 - ◆ Patient unresponsive to a reasonable and medically appropriate course of conservative treatment (e.g. rest, medication, cervical collar)
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
 - ◆ Documentation of nicotine-free status with **EITHER** of the following, (unless request is for decompression only):
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

CMM-604.4: Repeat Posterior Cervical Decompression at the Same Level

Repeat posterior cervical decompression at the same level is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Radiculopathy

- Greater than 12 weeks since last posterior cervical decompression with or without fusion surgery
- Subjective symptoms including **BOTH** of the following:
 - ◆ Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - ◆ Unremitting radicular pain to shoulder girdle and/or upper extremity resulting in disability
- Objective physical examination findings including **ANY** of the following:
 - ◆ Dermatomal sensory deficit
 - ◆ Motor deficit (e.g. biceps, triceps weakness)
 - ◆ Reflex changes
 - ◆ Shoulder Abduction Relief Sign
 - ◆ Nerve root tension sign (e.g. Spurling's maneuver)
 - ◆ Unremitting radicular pain to shoulder girdle and/or upper extremity without concordant objective physical examination findings
- Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - ◆ Epidural steroid injection(s)/selective nerve root block(s) performed at the same level(s) as the requested surgery
- Recent (within 6 months) post-operative MRI/CT identifies nerve root impingement caused by herniated disc(s) and/or osteophytes that is concordant with the patient's symptoms and physical examination findings
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)

Myelopathy

- Greater than 12 weeks since last posterior cervical decompression with or without fusion surgery
- Subjective symptoms including **ANY** of the following:
 - ◆ Upper/lower extremity weakness, numbness, or pain

- ◆ Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
- ◆ Gait disturbance
- ◆ New-onset bowel or bladder dysfunction
- ◆ Frequent falls
- Objective physical examination findings including at least **TWO** of the following:
 - ◆ Grip and release test
 - ◆ Ataxic gait
 - ◆ Hyperreflexia
 - ◆ Hoffmann sign
 - ◆ Pathologic Babinski sign
 - ◆ Tandem walking test demonstrating ataxia
 - ◆ Inverted brachial radial reflex
 - ◆ Increased muscle tone or spasticity
 - ◆ Clonus
 - ◆ Myelopathic hand
- Recent (within 6 months) post-operative MRI/CT findings that are concordant with the patient's symptoms and physical examination findings including **EITHER** of the following:
 - ◆ MRI/CT identifies cervical spinal cord compression
 - ◆ MRI/CT identifies cervical spinal stenosis

CMM-604.5: Repeat Posterior Cervical Decompression with Initial Posterior Cervical Fusion at the Same Level

For a repeat posterior cervical decompression with a repeat posterior cervical fusion, please see **CMM-604.4 Repeat Posterior Cervical Decompression at the Same Level** and **CMM-604.6: Posterior Cervical Fusion**

A repeat posterior cervical decompression (laminectomy/hemilaminectomy/laminoplasty) **with an initial posterior cervical fusion** at the same level is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Radiculopathy

- Greater than 12 weeks since last posterior cervical decompression with or without fusion surgery
- The individual is a candidate for a repeat posterior cervical decompression at the same level:
 - ◆ Refer to **CMM-604.4: Repeat Posterior Cervical Decompression at the Same Level**
- Documentation of nicotine-free status with **EITHER** of the following:
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Myelopathy

- Greater than 12 weeks since last posterior cervical decompression with or without fusion surgery
- The individual is a candidate for a repeat posterior cervical decompression at the same level:
 - ◆ Refer to **CMM-604.4: Repeat Posterior Cervical Decompression at the Same Level**

Symptomatic Cervical Spondylosis with Instability

EITHER of the following clinical scenarios:

- Recent (within 6 months) post-operative plain X-rays of the cervical spine including flexion/extension lateral views instability as evidenced by **EITHER** of the following:
 - ◆ Subluxation or translation of more than 3.5 mm on static lateral views or dynamic flexion/extension lateral plain X-rays
 - ◆ Sagittal plane angulation of more than 11 degrees between adjacent spinal segments
- **ALL** of the following criteria are met:
 - ◆ Greater than 12 weeks since last posterior cervical decompression with or without fusion surgery
 - ◆ Recent (within 6 months) post-operative plain X-rays of the cervical spine including flexion/extension lateral views have been performed
 - ◆ Recent (within 6 months) post-operative imaging study demonstrating corresponding pathologic anatomy
 - ◆ Patient unresponsive to a reasonable and medically appropriate course of conservative treatment (e.g. rest, medication, cervical collar)
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
 - ◆ Documentation of nicotine-free status with **EITHER** of the following, (unless request is for decompression only):
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

CMM-604.6: Posterior Cervical Fusion

Posterior cervical fusion is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Symptomatic Cervical Spondylosis with Instability

EITHER of the following clinical scenarios:

- Plain x-rays demonstrate instability and include **EITHER** of the following (meeting urgent/emergent criteria):
 - ◆ Subluxation or translation of more than 3.5 mm on static lateral views
 - ◆ Sagittal plane angulation of more than 11 degrees between adjacent spinal segments on static **or** dynamic flexion/extension lateral plain x-rays
- **ALL** of the following criteria are met:
 - ◆ Recent (within 6 months) plain X-rays of the cervical spine including flexion/extension lateral views have been performed
 - ◆ Recent (within 6 months) imaging study demonstrating corresponding pathologic anatomy
 - ◆ Patient unresponsive to a reasonable and medically appropriate course of conservative treatment (e.g. rest, medication, cervical collar)
 - ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
 - ◆ Documentation of nicotine-free status with **EITHER** of the following, (unless request is for decompression only):
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Clinical Conditions with an Increased Incidence of Congenital and/or Acquired Cervical Spinal Instability

EITHER of the following clinical scenarios:

- Plain x-rays demonstrate instability and include **EITHER** of the following (meeting urgent/emergent criteria):
 - ◆ Subluxation or translation of more than 3.5 mm on static lateral views
 - ◆ Sagittal plane angulation of more than 11 degrees between adjacent spinal segments on static **or** dynamic flexion/extension lateral plain x-rays
- **ALL** of the following criteria are met:
 - ◆ Documentation of rheumatoid arthritis or a clinical condition with an increased incidence of congenital and/or acquired cervical spinal instability (e.g. Down syndrome, mucopolysaccharidoses, spondyloepiphyseal dysplasia, pseudoachondroplasia, etc.)
 - ◆ Imaging evidence of subluxation and/or spinal cord compression

- ◆ Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- ◆ Documentation of nicotine-free status with **EITHER** of the following:
 - Patient is a never-smoker
 - Patient has refrained from smoking, use of tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Symptomatic Pseudarthrosis from a Prior Anterior or Posterior Fusion

Unremitting Neck Pain with Pseudoarthrosis

- Greater than 6 months since the prior anterior or posterior cervical discectomy/fusion surgery at the same level
- Significant level of pain on a daily basis defined as **EITHER** of the following:
 - ◆ Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - ◆ Severe, disabling, crippling, or incapacitating pain
- Recent (within 6 months) post-operative physical examination findings are concordant with the patient's symptoms
- Less than clinically meaningful improvement with 6 months of non-surgical treatment with **BOTH** of the following (unless contraindicated):
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician
- Pseudoarthrosis documented by confirmatory imaging that is performed at no less than 6 months after initial anterior or posterior cervical fusion
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Documentation of nicotine-free status with **EITHER** of the following:
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Radiculopathy with Pseudoarthrosis

- Greater than 6 months since the prior anterior or posterior cervical fusion surgery at the same level
- Subjective symptoms including **BOTH** of the following:
 - ◆ Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - ◆ Unremitting radicular pain to shoulder girdle and/or upper extremity resulting in disability

- Objective physical examination findings including **ANY** of the following:
 - ◆ Dermatomal sensory deficit
 - ◆ Motor deficit (e.g. biceps, triceps weakness)
 - ◆ Reflex changes
 - ◆ Shoulder Abduction Relief Sign
 - ◆ Nerve root tension sign (e.g. Spurling's maneuver)
 - ◆ Unrelenting radicular pain to shoulder girdle and/or upper extremity without concordant objective physical examination findings
- Less than clinically meaningful improvement with at least **TWO** of the following (unless contraindicated):
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - ◆ Selective nerve root block(s) or epidural steroid injection(s) performed at the same level(s) as the requested surgery
- Pseudoarthrosis is documented by confirmatory imaging that is performed at no less than 6 months after the prior anterior or posterior cervical fusion
- Recent (within 6 months) post-operative MRI/CT identifies nerve root impingement caused by herniated disc(s) and/or osteophytes that is concordant with the patient's symptoms **and** physical examination findings
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)

Myelopathy with Pseudarthrosis

- Greater than 6 months since the prior anterior or posterior cervical fusion surgery at the same level
- Subjective symptoms including **ANY** of the following:
 - ◆ Upper/lower extremity weakness, numbness, or pain
 - ◆ Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
 - ◆ Gait disturbance
 - ◆ New-onset bowel or bladder dysfunction
 - ◆ Frequent falls
- Objective physical examination findings including at least **TWO** of the following:
 - ◆ Grip and release test
 - ◆ Ataxic gait
 - ◆ Hyperreflexia
 - ◆ Hoffmann sign
 - ◆ Pathologic Babinski sign
 - ◆ Tandem walking test demonstrating ataxia
 - ◆ Inverted brachial radial reflex
 - ◆ Increased muscle tone or spasticity
 - ◆ Clonus
 - ◆ Myelopathic hand

- Pseudoarthrosis is documented by confirmatory imaging that is performed at no less than 6 months after the prior anterior or posterior cervical fusion
- Recent (within 6 months) post-operative MRI/CT findings are concordant with the patient's symptoms **and** physical exam findings showing **EITHER** of the following:
 - ◆ MRI /CT identifies cervical spinal cord compression
 - ◆ MRI /CT identifies cervical stenosis

Malposition or Failure of Implant/Instrumentation or Structural Bone Graft from Prior Anterior or Posterior Fusion

- Radiographic evidence of the malposition or failure of the implant/instrumentation or structural bone graft on a recent (within 6 months) post-operative plain X-rays or CT

CMM-604.7: Posterior Cervical Fusion (with or without Decompression) Following Failed Cervical Disc Arthroplasty Surgery

Posterior cervical fusion (with or without posterior cervical decompression) following a failed cervical disc arthroplasty implant is considered **medically necessary** for **ANY** of the following conditions when **ALL** of the associated criteria are met:

Failed Cervical Disc Arthroplasty Implant

- There is a failed cervical disc arthroplasty implant diagnosed by recent (within 6 months) post-operative plain film, CT and/or CT myelogram (i.e., subsidence, loosening, infection, dislocation/subluxation, vertebral body fracture, dislodgement)

Unremitting Neck Pain

- Greater than 6 months since the prior cervical disc arthroplasty procedure at the same level
- Significant level of pain on a daily basis defined as **EITHER** of the following:
 - ◆ Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - ◆ Severe, disabling, crippling, or incapacitating pain
- Recent (within 6 months) post-operative physical examination findings that are concordant with the patient's symptoms
- Less than clinically meaningful improvement with **BOTH** of the following for at least 6 weeks (unless contraindicated):
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician
- Recent (within 6 months) post-operative MRI/CT findings that are concordant with the patient's symptoms
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)

- Documentation of nicotine-free status including **EITHER** of the following:
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Radiculopathy

- Greater than 6 months since the prior cervical disc arthroplasty procedure at the same level
- Subjective symptoms including **BOTH** of the following:
 - ◆ Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - ◆ Unrelenting radicular pain to shoulder girdle and/or upper extremity resulting in disability
- Objective physical examination findings including **ANY** of the following:
 - ◆ Dermatomal sensory deficit
 - ◆ Motor deficit (e.g. biceps, triceps weakness)
 - ◆ Reflex changes
 - ◆ Shoulder Abduction Relief Sign
 - ◆ Nerve root tension sign (e.g. Spurling's maneuver)
 - ◆ Unrelenting radicular pain to shoulder girdle and/or upper extremity without concordant objective physical examination findings
- Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - ◆ Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - ◆ Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic, or allopathic physician for 6 weeks
 - ◆ Epidural steroid injection(s) or selective nerve root block(s) performed at the same level(s) as the requested surgery
- Recent (within 6 months) post-operative MRI/CT identifies nerve root impingement caused by herniated disc(s) or osteophytes that is concordant with the patient's symptoms **and** physical examination findings
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
- Documentation of nicotine-free status with **EITHER** of the following:
 - ◆ Patient is a never-smoker
 - ◆ Patient has refrained from smoking, use of smokeless tobacco products, and/or nicotine replacement therapy for at least 6 weeks prior to planned surgery as evidenced by blood cotinine lab results of ≤ 10 ng/mL

Myelopathy

- Greater than 6 months since the prior cervical disc arthroplasty procedure at the same level
- Subjective symptoms including **ANY** of the following:
 - ◆ Upper/lower extremity weakness, numbness, or pain
 - ◆ Fine motor dysfunction (buttoning, handwriting, clumsiness of hands)
 - ◆ Gait disturbance
 - ◆ New-onset bowel or bladder dysfunction
 - ◆ Frequent falls
- Objective physical examination findings including at least **TWO** of the following:
 - ◆ Grip and release test
 - ◆ Ataxic gait
 - ◆ Hyperreflexia
 - ◆ Hoffmann sign
 - ◆ Pathologic Babinski sign
 - ◆ Tandem walking test demonstrating ataxia
 - ◆ Inverted brachial radial reflex
 - ◆ Increased muscle tone or spasticity
 - ◆ Clonus
 - ◆ Myelopathic hand
- Recent (within 6 months) post-operative MRI/CT findings are concordant with the patient's symptoms **and** physical examination findings showing **EITHER** of the following:
 - ◆ MRI/CT identifies cervical spinal cord compression
 - ◆ MRI/CT identifies cervical spinal stenosis

CMM-604.8: Non-Indications

Not Medically Necessary

- **Posterior cervical fusion with or without posterior cervical decompression** performed without meeting the requirements listed in the General Guidelines and the specific procedure sections is considered **not medically necessary**.
- **Posterior cervical decompression** (laminectomy, hemilaminectomy, and laminoplasty) with or without posterior cervical fusion performed without meeting the requirements listed in the General Guidelines and the specific procedure sections is considered **not medically necessary**.
- **Posterior cervical decompression** (laminectomy, hemilaminectomy, and laminoplasty) with or without posterior cervical fusion is considered **not medically necessary** for **ANY** of the following sole indications:
 - ◆ Signs and symptoms with no correlation to imaging studies
 - ◆ Annular tears
 - ◆ Disc bulge with no neural impingement or cord compression on imaging
 - ◆ Concordant Discography

- ◆ MR Spectroscopy results
- ◆ Degenerative disc disease
- ◆ Isolated facet fusion, with or without instrumentation, including allograft bone graft substitutes used exclusively as stand-alone stabilization devices (e.g. DTRAX® [cervical], TruFuse [any level], NuFix® [any level])

CMM-604.9: Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.	
CPT®	Code Description/Definition
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment
+22614	Each additional vertebral segment (List separately in addition to code for primary procedure)
+22840	Posterior non-segmental instrumentation (e.g., Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
+22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
+22842	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)
+22843	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)
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g. spinal stenosis), 1 or 2 vertebral segments; cervical
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g. spinal stenosis), more than 2 vertebral segments; cervical
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g. spinal or lateral recess stenosis]), single vertebral segment; cervical
+63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [e.g. spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (e.g. wire, suture, mini-plates), when performed)

63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
+63295	Laminectomy for biopsy/excision of intraspinal neoplasm; osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.	

CMM-604.10: References

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