



Spine Surgery Clinical Coverage Criteria

Description

Effective December 1, 2023, Fallon Health will be using InterQual® criteria for the following spine surgeries:

- Artificial Disc Replacement, Cervical
- Artificial Disc Replacement, Lumbar
- Decompression +/- Fusion, Cervical
- Decompression +/- Fusion, Lumbar
- Decompression +/- Fusion, Thoracic
- Fusion, Cervical Spine
- Fusion, Lumbar Spine
- Fusion, Thoracic Spine
- Scoliosis or Kyphosis Surgery
- Scoliosis or Kyphosis Surgery (Pediatric)
- Vertebroplasty or Kyphoplasty

Fallon Health makes InterQual® criteria available through the Transparency Tool on our website, effective January 1, 2024.

Policy

This Policy applies to the following Fallon Health products:

- ☒ Medicare Advantage (Fallon Medicare Plus, Fallon Medicare Plus Central)
- ☒ MassHealth ACO
- ☒ NaviCare (NaviCare HMO SNP, NaviCare SCO)
- ☒ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- ☒ Community Care

Spine surgery requires prior authorization.

Medicare Advantage (Fallon Medicare Plus, Fallon Medicare Plus Central)

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

MassHealth ACO

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

NaviCare HMO SNP, NaviCare SCO

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria

Artificial Disc Replacement, Cervical

Medicare does not have a National Coverage Determination (NCD) for cervical artificial disc replacement. National Government Services, Inc., the Part A/B Medicare Administrative Contractor (MAC) with jurisdiction over Part A and B services in Fallon Health's service area does not have a Local Coverage Determination (LCD) for cervical artificial disc replacement currently (Medicare Coverage Database search 08/29/2023).

MassHealth does not have Medical Necessity Guidelines for cervical artificial disc replacement currently (08/29/2023).

The Plan's coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Artificial Disc Replacement, Cervical.***

Artificial Disc Replacement, Lumbar

Medicare has a National Coverage Determination (NCD) for Lumbar Artificial Disc Replacement (LADR) (150.10) (Version 2, effective 08/14/2007). Effective for services performed on or after August 14, 2007, LADR is non-covered for Medicare beneficiaries over 60 years of age.

Link:

NCD: [**Lumbar Artificial Disc Replacement \(LADR\) \(150.15\)**](#)

Medicare does not have an NCD for beneficiaries 60 years of age and younger; coverage determination is to be made by the local contractor. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for lumbar artificial disc replacement currently (Medicare Coverage Database search 08/29/2023).

MassHealth does not have Medical Necessity Guidelines for lumbar artificial disc replacement currently (MassHealth website search 09/26/2023).

The Plan's clinical coverage criteria are applicable for all members, **with the exception of Fallon Medicare Plus and Fallon Medicare Plus Central members > 60 years of age, for whom for NCD Lumbar Artificial Disc Replacement (LADR) (150.15) applies.**

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Artificial Disc Replacement, Lumbar.***

Note: Medical Director review is required for this procedure.

For lumbar artificial disc implant failure, see the "Decompression +/- Fusion, Lumbar" criteria subset.

Fusion, Cervical Spine

Medicare does not have a National Coverage Determination (NCD) for cervical spine fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for cervical spine fusion currently (Medicare Coverage Database search 09/12/2023).

MassHealth does not have Medical Necessity Guidelines for cervical spine fusion currently (MassHealth website search 09/12/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Fusion, Cervical.***

These criteria address anterior and posterior spinal fusion performed for cervical instability and do not cover fusion accompanying decompressive surgery. For fusion performed with decompressive surgery, see the "Decompression +/- Fusion, Cervical" criteria subset.

Fusion, Lumbar Spine

Medicare does not have a National Coverage Determination (NCD) for lumbar spine fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for cervical spine fusion currently (Medicare Coverage Database search 09/12/2023).

MassHealth does not have Medical Necessity Guidelines for cervical spine fusion currently (MassHealth website search 09/12/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Fusion, Lumbar.***

Fusion, Thoracic Spine

Medicare does not have a National Coverage Determination (NCD) for thoracic spine fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for cervical spine fusion currently (Medicare Coverage Database search 09/12/2023).

MassHealth does not have Medical Necessity Guidelines for thoracic spine fusion currently (MassHealth website search 09/12/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Fusion, Thoracic.***

Decompression +/- Fusion, Cervical

Medicare does not have a National Coverage Determination (NCD) for cervical decompression +/- fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for cervical decompression +/- fusion currently (Medicare Coverage Database search 09/22/2023).

MassHealth does not have Medical Necessity Guidelines for cervical decompression +/- fusion currently (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Decompression +/- Fusion, Cervical.***

These criteria address decompressive surgery for neurocompression; decompressive surgery may be accompanied by a spinal fusion when the decompression causes instability or there is documentation of instability preoperatively. For fusion performed for instability without the need for decompressive surgery, see the "Fusion, Cervical Spine" criteria subset.

Decompression +/- Fusion, Lumbar

Medicare does not have a National Coverage Determination (NCD) for lumbar decompression +/- fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for lumbar decompression +/- fusion currently (Medicare Coverage Database search 09/22/2023).

MassHealth does not have Medical Necessity Guidelines for lumbar decompression +/- fusion currently (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Decompression +/- Fusion, Lumbar.***

These criteria address decompressive surgery for neurocompression; decompressive surgery may be accompanied by a spinal fusion when the decompression causes instability or there is evidence of instability preoperatively. For fusion performed for instability without the need for decompressive surgery, see the "Fusion, Lumbar Spine" criteria subset.

Decompression +/- Fusion, Thoracic

Medicare does not have a National Coverage Determination (NCD) for thoracic decompression +/- fusion. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for thoracic decompression +/- fusion currently (Medicare Coverage Database search 09/22/2023).

MassHealth does not have Medical Necessity Guidelines for thoracic decompression +/- fusion currently (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Decompression +/- Fusion, thoracic.***

These criteria address decompressive surgery for neurocompression. The inherent stability provided by the thoracic rib cage makes fusion for thoracic disc disease unnecessary for most patients. However, when decompressive surgery causes instability, fusion may accompany the surgery and does not require separate authorization. For fusion performed for instability without decompressive surgery, see the "Fusion, Thoracic Spine" criteria subset.

Scoliosis or Kyphosis Surgery

Medicare does not have a National Coverage Determination (NCD) for scoliosis or kyphosis surgery. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for scoliosis or kyphosis surgery currently (Medicare Coverage Database search 09/22/2023).

MassHealth does not have Medical Necessity Guidelines for scoliosis or kyphosis surgery currently (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual criteria in effect on the date of service: ***InterQual® CP:Procedures, Scoliosis or Kyphosis Surgery (Pediatric).***

Scoliosis or Kyphosis Surgery (Pediatric)

Medicare does not have a National Coverage Determination (NCD) for pediatric scoliosis or kyphosis surgery. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. does not have an LCD for pediatric scoliosis or kyphosis surgery currently (Medicare Coverage Database search 09/22/2023).

MassHealth does not have Medical Necessity Guidelines for pediatric scoliosis or kyphosis surgery currently (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members.

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Scoliosis or Kyphosis Surgery (Pediatric).***

Vertebroplasty or Kyphoplasty

Medicare does not have a National Coverage Determination (NCD) for vertebroplasty or kyphoplasty. National Government Services, Inc. is the Medicare Administrative Contractor with jurisdiction over Part A and Part B services in the Plan's service area. National Government Services, Inc. has an LCD Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (L33569) (Revision Effective Date 12/01/2020) and an LCA Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF) (A56178) (Revision Effective Date 12/01/2020). The National Government Services, Inc. LCD and the related coding article only address vertebral augmentation for osteoporotic vertebral compression fracture, therefore coverage remains available for medically necessary procedures for other conditions not included in this LCD (Medicare Coverage Database search 09/22/2023).

Link:

LCD: [Percutaneous Vertebral Augmentation \(PVA\) for Osteoporotic Vertebral Compression Fracture \(VCF\) \(L33569\)](#)

LCA: [Billing and Coding: Percutaneous Vertebral Augmentation \(PVA\) for Osteoporotic Vertebral Compression Fracture \(VCF\) \(A56178\)](#)

MassHealth does not have Medical Necessity Guidelines for vertebroplasty or kyphoplasty (MassHealth website search 09/22/2023).

The Plan's clinical coverage criteria are applicable for all members, **with the exception of Fallon Medicare Plus and Fallon Medicare Plus Central members requesting PVA (percutaneous vertebroplasty or kyphoplasty) for the treatment of osteoporotic vertebral compression fractures.**

For coverage criteria, refer to the InterQual® criteria in effect on the date of service: ***InterQual® CP:Procedures, Vertebroplasty or Kyphoplasty.***

Policy history

Origination date: 12/01/2023

Review date(s): Technology Assessment Committee: 09/26/2023, 10/24/2023 (policy origination)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.