

Spinal Fusion and Stabilization Surgery



Medicaid Medical Coverage Policy

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Description

Artificial Intervertebral Disc Replacement

Artificial intervertebral disc replacement is an alternative to lumbar spinal fusion surgery for an individual suffering from pain due to degenerative disc disease (DDD). The artificial disc was designed to restore normal disc height, to preserve spinal flexibility and decrease degeneration of adjacent discs, which can occur as a result of DDD.

Examples of FDA-approved devices for the lumbar spine include, but may not be limited to:

- **activL** artificial disc
- **ProDisc L** total disc replacement

Corpectomy

Corpectomy is a surgical procedure to remove the body of a vertebra, as well as the disc. This procedure is most frequently carried out in the cervical spine and is usually paired with spinal fusion. The primary purpose is to relieve pressure on the spinal cord and/or nerve roots.

Kyphectomy

Kyphectomy is a surgical procedure to remove the body of one or more vertebra at the apex of deformity. This procedure is commonly used to treat kyphosis and requires the placement of hardware. The primary purpose is to straighten the spine, relieve pain, improve posture and further prevent complications associated with the deformity, such as respiratory or neurological issues.

Sacroiliac Joint Fusion

Sacroiliac joint (SIJ) fusion has been suggested as a possible treatment option for an individual with low back pain due to sacroiliac joint dysfunction or syndrome. This procedure may be performed by an open surgical approach or as a minimally invasive procedure in order to place plates and/or screws to develop a bony fusion across the SIJ for stabilization.

The **iFUSE Implant System** consists of small triangular titanium implants placed *across* the sacroiliac joint (may be referred to as a lateral transiliac approach or placement of a transfixation device) to stabilize and fuse it via a percutaneous, minimally invasive approach with use of fluoroscopy to visualize placement of the implants. The triangular shape of the implants helps minimize rotation while also maximizing surface area contact across the SIJ.

Minimally invasive SIJ fusion may also be accomplished via other anatomical approaches (eg, posterior, intra-articular [within the SI joint]) or with differently designed implants (eg, cylindrical threaded implants, hollow conical shaped barrel implants). Examples of other minimally invasive systems used for SIJ fusion include, but may not be limited to:

- **Firebird SI Fusion System**
- **Genesys Sacroiliac Joint Fusion System**
- **LinQ**
- **Prolix SI Fusion System**
- **Rialto SI Fusion System**
- **Sacrofuse SIJFuse Sacroiliac Joint Fusion Device System**
- **SI-DESI**
- **Siber Ti 3D**
- **Siconus SI Joint Fixation System**
- **SIFix**
- **SIJoin**
- **Silex Sacroiliac Joint System**
- **SILO TFX MIS Sacroiliac Joint Fixation System**
- **Slimmetry Sacroiliac Joint Fusion System**
- **SIros 3D Printed SI Joint System (lateral, oblique, posterior, hybrid)**
- **TiLink-L**
- **TiLink-P**
- **TransLoc 3D**
- **Triton Sacroiliac Joint Fixation System**

Spinal Fusion Surgery

Spinal fusion, also known as spinal arthrodesis, is a surgical treatment for cervical (neck), lumbar (low back) or thoracic (mid 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 performed to treat DDD, scoliosis or kyphosis (abnormal spinal curvatures), spondylolisthesis, trauma resulting in spinal nerve compression 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 may be either autograft (from another bone in the individual), allograft (bone from a bone bank) or a bone graft substitute product.

The spine may be approached, and the graft placed, from either an anterior (front of the body), posterior (back of the body), lateral (from the side) or by a combination anterior/posterior approach. 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 Osteotomy

Spinal osteotomy is a surgical procedure in which a portion of one or more vertebra is cut and removed to correct spinal deformity or to restore proper alignment of the spine. The procedure is commonly used to treat severe, rigid and fixed spinal deformities such as kyphosis and scoliosis. Typically, spinal osteotomy is one distinct portion of a larger procedure that requires the placement of hardware and/or bone graft with the intent of improving balance, relieving pain and alleviating compression of the thoracic and abdominal cavities.

Coverage Determination**Corpectomy (63081, 63085, 63087, 63090, 63101, 63102, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307)**

Humana members may be eligible under the Plan for **corpectomy** when the following criteria are met:

- Evidence of spinal cord or nerve root compression, confirmed by diagnostic imaging studies¹¹; **AND ONE** of the following conditions:
 - Degenerative disease due to one of the following:
 - Free disc fragment that has migrated posterior to the vertebral body²⁴; **OR**
 - Large posterior osteophyte adjacent to the end plate¹¹; **OR**
 - Infection (osteomyelitis, discitis)¹¹; **OR**
 - Ossification of the posterior longitudinal ligament (if treated anteriorly)¹¹; **OR**
 - Trauma (vertebral fractures) in the cervical, thoracic or lumbar regions²⁴; **OR**

- Tumors in the cervical, thoracic or lumbar regions²⁴

Kyphectomy (22818, 22819)

Humana members may be eligible under the Plan for **kyphectomy** when the following criteria are met:

- Cervical spine deformity (eg, kyphosis, head-drop syndrome, postlaminectomy deformity) as evidenced by⁵¹:
 - Functional limitations including any of the following, but not limited to:
 - Decreased ability to perform activities of daily living (ADLs); **OR**
 - Difficulty ambulating; **OR**
 - Severe neck pain; **OR**
 - Documented progression of deformity; **OR**
 - Significant deformity that prevents the ability to maintain forward gaze; **OR**
- Lumbar spine deformity (eg, myelomeningocele, scoliosis restricted to the lumbar spine or a thoracolumbar deformity that ends in the lumbar spine) as evidenced by^{4,26}:
 - Documented progression of deformity; **OR**
 - Difficulty maintaining upright seated posture; **OR**
 - Pain caused by rib impingement on the iliac crests; **OR**
 - Respiratory difficulty due to abdominal cavity compression and/or impaired diaphragm function; **OR**
 - Urinary drainage issues due to increased flexion of the trunk; **OR**
- Scheuermann's kyphosis (also known as juvenile kyphosis) as evidenced by^{21,58}:
 - Thoracic kyphosis greater than 75 degrees²¹; **OR**
 - Progressing curvature with worsening trunk deformity⁵⁸; **OR**
 - Neurological deficit/spinal cord compression⁵⁸; **AND**
 - Failure to respond to **ALL** conservative treatment⁵⁸:
 - Bracing (eg, 4-5 – point bracing, Milwaukee brace) for 16-23 hours/day; **AND**
 - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], muscle relaxant) if medically appropriate and not contraindicated; **AND**
 - Physical therapy (PT) (eg, extension stretching, hamstring stretching and proper self-postural control)

Lumbar Artificial Intervertebral Disc Replacement (22857, 22860)

Humana members may be eligible under the Plan for **lumbar artificial intervertebral disc replacement** when **ALL** of the following criteria are met:

- An [FDA-approved](#) lumbar artificial intervertebral disc for replacement at **ONE** level, from L3 to S1⁴⁶; **AND**
- Degenerative disc disease confirmed by a complex imaging study^{62,63} (eg, CT, MRI, positive concordant discography); **AND**
- Absence of contraindications, including ANY of the following:
 - Abdominal pathology precluding an anterior retroperitoneal approach^{62,63}; **OR**
 - Active or chronic infection (systemic or infection localized to the operative site)^{62,63}; **OR**
 - Allergy or sensitivity to the implant materials (eg, calcium phosphate, cobalt, chromium, molybdenum, polyethylene, tantalum or titanium)^{62,63}; **OR**
 - Bony lumbar stenosis^{62,63}; **OR**
 - Chronic radiculopathy over a period of at least 1 year^{62,63}; **OR**
 - Clinically compromised vertebral bodies at the affected level due to current or past disease (eg, ankylosing spondylitis) or trauma (eg, fracture)^{62,63}; **OR**
 - Extruded disc material with sequestrum (free disc fragment)^{62,63}; **OR**
 - Facet ankylosis or moderate or severe³⁸ facet joint degeneration^{62,63}; **OR**
 - Involved vertebral endplate dimensionally smaller than 31 mm for activL or 34.5 mm for ProDisc L in the medial lateral and/or 26 mm for activL or 27 mm for ProDisc L in the anterior posterior directions^{62,63}; **OR**
 - Isolated lumbar radiculopathy, especially due to herniated disc^{62,63}; **OR**
 - Myelopathy^{62,63}; **OR**
 - Osteoporosis or osteopenia defined as DEXA bone mineral density T-score less than or equal to negative 1.0^{62,63}; **OR**
 - Pars defect^{62,63}; **OR**
 - Preoperative remaining disc height less than 3 mm^{62,63}; **OR**
 - Scoliosis^{62,63}; **OR**

- [Spondylolisthesis](#) (degenerative, isthmic or lytic) greater than grade I or segmental instability^{62,63}; **AND**
- Documentation of [skeletal maturity](#)^{*62,63}; **AND**
- Failure of at least 6 months of conservative treatment^{19,53,62,63} under the direction of a healthcare professional within the past 12 months with **ALL** of the following:
 - Epidural steroid injections if medically appropriate and not contraindicated¹⁹; **AND**
 - Modification of pain-inducing activities¹⁹; **AND**
 - NSAIDs if medically appropriate and not contraindicated¹⁹; **AND**
 - PT including a home exercise program (HEP)¹⁹; **AND**
- Implantation via an anterior or anterior retroperitoneal approach^{53,62,63}; **AND**
- No more than [grade I spondylolisthesis](#) at the involved level^{62,63}; **AND**
- Presurgical psychological evaluation conducted by a qualified behavioral health provider to identify surgical readiness and potential postoperative challenges that may contribute to a poor postoperative outcome⁵; **AND**
- Unremitting low back pain and [functional impairment](#)^{**22}

*Skeletally mature refers to a system of fused skeletal bones which occur when bone growth ceases.

**Functional impairment is defined as a direct and measurable reduction in physical performance of an organ or body part limiting the ability to perform ADLs such as bathing, dressing and mobility (eg, sit, stand, walk) due to illness or pain.

Percutaneous Minimally Invasive Sacroiliac Joint Fusion (27279)

Humana members may be eligible under the Plan for **minimally invasive SIJ fusion using triangular titanium implants**, via a lateral transiliac approach (implant placement *across* the SIJ) **for chronic low back pain due to sacroiliac joint dysfunction** when the following criteria are met:

- Absence of contraindications, including ANY of the following^{47,55}:
 - Acute, traumatic instability of the SIJ; **OR**
 - Fractures (including sacral insufficiency fractures); **OR**
 - Generalized pain behavior (eg, somatoform disorder); **OR**
 - Generalized pain disorder (eg, fibromyalgia); **OR**
 - Infection (localized or systemic [sepsis]); **OR**

- Systemic arthropathy (eg, ankylosing spondylitis, rheumatoid arthritis); **OR**
- Tumor involving the sacrum or SIJs;

AND

- Failure of 6 months of conservative treatment^{47,55} including **at least 2** of the following:
 - Bracing^{47,55}
 - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated^{47,55}
 - PT, including HEP and core stabilization exercises^{47,55};

AND

- Imaging studies exclude the presence of other causes for SIJ dysfunction/pain including, but not limited to^{47,55}:
 - Acute fracture
 - Concomitant hip osteoarthritis
 - Destructive SIJ lesions (infection, tumors)
 - Inflammatory arthropathy
 - Lumbar spine degenerative conditions or neural compression;

AND

- Positive response (reproduction of individual's typical SIJ pain) to **at least 3** of the following provocative tests/maneuvers^{47,55}:
 - Compression test
 - Distraction test
 - FABER test (also referred to as Patrick test)
 - Gaenslen's test
 - Thigh thrust test (also referred to as posterior pelvic pain provocation);

AND

- Positive response to 2 diagnostic, image-guided SIJ injections, at two separate occasions (a positive response is defined as at least a 75% reduction in pain and/or symptoms)⁵⁵

Sacroiliac Joint Fusion (Open Surgical Approach) (27280)

Humana members may be eligible under the Plan for **open sacroiliac joint fusion surgery** when the following criteria are met, as confirmed by radiographic evidence (CT or MRI):

- Fractures (eg, pelvic ring fracture, sacral fracture)⁵⁰; **OR**
- Pelvic instability (eg, dislocation)⁵⁰; **OR**
- Primary sacral tumors⁵⁰; **OR**
- Sacroiliac joint infection (eg, osteomyelitis)⁵⁰; **OR**
- When performed as part of a thoracolumbar fusion for correction of spinal deformity (eg, scoliosis, spondylolysis)⁸

Revision Sacroiliac Joint Fusion

Humana members may be eligible under the Plan for **revision sacroiliac joint fusion surgery** when **either** of the following criteria are met⁵⁰:

- Individual is symptomatic with ongoing SI joint pain and radiographic evidence of pseudoarthrosis or nonunion with lucency, device malposition or failure of the device; **OR**
- Infection secondary to or involving the implant/device

Spinal Fusion Surgery

Humana members may be eligible under the Plan for a **bone graft utilizing an allograft or autograft** and/or **use of cages, instrumentation, plates, screws or wires** when a medically necessary spinal fusion is performed.

The following codes may apply: **22532, 22556, 22610, 22808, 22810, 22812, 22830, 22840, 22841, 22845, 22846, 22847, 22848, 22853, 22854, 22859**

Spinal Osteotomy (22206, 22207, 22210, 22212, 22214, 22222,)

Humana members may be eligible under the Plan for **spinal osteotomy** when the following criteria are met:

- Spinal deformity confirmed by radiographic or advanced imaging for either of the following^{16,18}:
 - Posterior column osteotomy (Smith-Peterson or Ponte osteotomy) when the following indications are met^{16,18}:
 - Flexible coronal plane deformities (less than 30 degrees of correction required)¹⁸; **OR**

- Flexible sagittal plane deformities (less than 30 degrees of correction required)¹⁸; **OR**
- Scheuermann kyphosis¹⁸; **OR**
- Functional limitations including any of the following, but not limited to¹⁶:
 - ❖ Decreased ability to perform ADLs; **OR**
 - ❖ Respiratory compromise; **OR**
 - ❖ Loss of horizontal gaze; **OR**
 - ❖ Disabling pain; **OR**
- Three-column osteotomy (pedicle subtraction osteotomy or vertebral column resection) indications are met^{16,18}:
 - Ankylosing spondylitis¹⁸; **OR**
 - Fixed coronal plane deformities (greater than 30 degrees of correction required)¹⁸; **OR**
 - Flexible sagittal plane deformities (greater than 30 degrees of correction required)¹⁸; **OR**
 - Flat back syndrome¹⁸; **OR**
 - Functional limitations including any of the following, but not limited to¹⁶:
 - ❖ Decreased ability to perform ADLs; **OR**
 - ❖ Respiratory compromise; **OR**
 - ❖ Loss of horizontal gaze; **OR**
 - ❖ Disabling pain; **OR**
 - Sharp kyphotic deformities of the thoracic spine (greater than 50 degrees of correction)¹⁸

Coverage Limitations

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Lumbar Artificial Intervertebral Disc Replacement

Humana members may **NOT** be eligible under the Plan for **lumbar artificial intervertebral disc replacement** for any indications other than those listed above including, but may not be limited to:

- Multilevel lumbar disc replacement⁴⁶; **OR**
- Planned procedure includes combined use of a lumbar artificial intervertebral disc replacement adjacent to a spinal fusion (also referred to as hybrid surgery)^{40,53}; **OR**
- Prior spinal fusion surgery at the planned treatment level⁶²

A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or

acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Minimally Invasive Sacroiliac Joint Fusion (27278)

Humana members may **NOT** be eligible under the Plan for **minimally invasive SIJ fusion via an approach other than lateral transiliac with placement of the implant across the SIJ** including, but may not be limited to⁶⁵:

- Insertion of both a lateral transfixing and an intra-articular (nontransfixing) implant in the same operative procedure (may also be referred to as a hybrid SIJ fusion procedure); **OR**
- Percutaneous intra-articular implant (without placement of transfixation device); **OR**
- Posterior or dorsal approach/procedure (including those using only bone grafts and no internal fixation devices)

A review of the current medical literature shows that the **evidence is insufficient** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

Sacroiliac Joint Fusion (Open Surgical Approach)

Humana members may **NOT** be eligible under the Plan for **open sacroiliac joint fusion surgery** for any indications other than those listed above including, but may not be limited to⁵⁶:

- Low back pain; **OR**
- Sacroiliac joint dysfunction/syndrome

A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment for these indications. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature (as defined by CMS) examining benefit and long-term clinical outcomes establishing the value of this service/in clinical management for these indications.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
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22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	
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	
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	
22830	Exploration of spinal fusion	
22840	Posterior non-segmental instrumentation (eg, 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)	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	

22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
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)	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	
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)	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	

63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

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Appendix

Appendix A

Spondylolisthesis Grades²⁶

In this system the slip grade is calculated by determining the ratio between the anteroposterior diameter in the top of the first sacral vertebra and the distance the L5 has slipped anteriorly.

Grade I	25% or less displacement
Grade II	Between 25% and 50% displacement
Grade III	Between 50% and 75% displacement
Grade IV	More than 75% displacement
Grade V	L5 vertebra positioned completely below the top of the sacrum

Change Summary

04/01/2025 New Policy.

03/03/2026 Annual Review, Coverage Change. Title Change. Updated Coding Information.