Medical and Behavioral Health Policy
Section: Surgery
Policy Number: IV-91
Effective Date: 11/27/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

AXIAL (PERCUTANEOUS) LUMBAR INTERBODY FUSION

Description: Axial (percutaneous) lumbar interbody fusion (also called trans-sacral or paracoccygeal interbody fusion) is a minimally invasive technique designed to provide anterior access to the L4-S1 or L5-S1 disc spaces for interbody fusion while minimizing damage to muscular, ligamentous, neural, and vascular structures. It is performed under fluoroscopic guidance.

The AxiaLIF (Axial Lumbar Interbody Fusion) and AxiaLIF 2 Level Systems were developed by TranS1 and consist of techniques and surgical instruments for creating a pre-sacral access route to perform percutaneous fusion of the L5 - S1 or L4 – S1 vertebral bodies. According to the U.S. Food and Drug Administration (FDA) premarket notification [510(k)] summaries (2008), the devices are intended to provide anterior stabilization of the spinal segments as an adjunct to spinal fusion and for assisting in the treatment of degeneration of the lumbar disc, performing lumbar discectomy, or for assistance in the performance of interbody fusion. The AxiaLIF® systems are indicated for patients requiring fusion to treat pseudoarthrosis, unsuccessful previous fusion, spinal stenosis, spondylolisthesis (Grade 1), or degenerative disc disease as defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The devices are not intended to treat severe scoliosis, severe spondylolisthesis (Grades 2, 3 and 4), tumor, or trauma and are not meant to be used in patients with vertebral compression fractures or any other condition where the mechanical integrity of the vertebral body is compromised. Usage is limited to anterior supplemental fixation of the lumbar spine at L5-S1 or L4-S1 in conjunction with legally marketed facet or pedicle screw systems.

Policy: Axial (percutaneous) lumbar interbody fusion is considered INVESTIGATIVE due to a lack of evidence supporting its impact on improved health outcomes.
Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT:
22586 Fusion of spine bones with removal of disc at lower spinal column with posterior instrumentation and image guidance
0195T Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without including instrumentation with image guidance, includes bone graft when performed; L5-5-S1 interspace, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace
0196T Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)
0309T Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar `L4-L5 interspace (List separately in addition to code for primary procedure)

ICD-9 Procedure:
81.08 Lumbar and lumbosacral fusion of the anterior column, posterior technique
ICD-10 Procedure:
0SG03A0 Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach
0SG13A0 Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach
0SG33AJ Fusion of Lumbosacral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach
0SG33A0 Fusion of Lumbosacral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach

Policy History:
Developed April 8, 2009

Most recent history:
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Reviewed November 13, 2013

Cross Reference:
Spinal Fusion: Lumbar, IV-87
Artificial Intervertebral Disc: Lumbar Spine, IV-23
Interspinous Process Spacer, IV-51
Facet Arthroplasty, IV-110

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