

<b>Policy Name:</b>	<b>Access Techniques for Lumbar Interbody Fusion</b>
<b>Effective Date:</b>	<b>11/18/2019</b>

## Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

## Coverage Policy

The following access techniques for performing lumbar interbody fusion (LIF) are **COVERED** as a treatment option for lumbar fusion:

1. Anterior LIF (ALIF), including lateral approaches (e.g., eXtreme lateral interbody fusion [XLIF®]; direct lateral interbody fusion [DLIF]; oblique lumbar interbody fusion [OLIF])
2. Posterior LIF (PLIF), including transforaminal lumbar interbody fusion [TLIF]).

All other access techniques for performing LIF are investigative and unproven and therefore **NOT COVERED**, including but not limited to:

1. Laparoscopic ALIF
2. Axial presacral LIF (AxiaLIF®).

There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: This policy is no longer scheduled for routine review of the scientific literature.

## Description

Lumbar interbody fusions (LIFs) are surgical procedures that attempt to eliminate instability in the back by fusing two or more vertebrae using bone grafts and internal devices such as metal rods and screws. These procedures are performed with specialized access instrumentation to treat pain caused by conditions such as spondylolisthesis, spinal stenosis, or degenerative disc disease. The spine can be accessed from various angles. Traditional approaches have been from the individual’s front midline (i.e., anterior) or back midline (i.e., posterior). Alternative approach sites have been recently implemented, including lateral access from the individual’s side (e.g., eXtreme lateral interbody fusion [X-LIF], direct LIF [DLIF], and oblique LIF [OLIF]), and transforaminally through the opening between two spinal vertebrae (i.e. the foramen) where the nerves leave the spinal canal to enter the body. Transforaminal lumbar interbody fusion involves bone removal prior to fusion (i.e., facetectomy with partial laminectomy).

Spine surgery has been traditionally done as an "open" procedure, which results in a long incision through muscle layers to allow access to the affected area. In recent years, shorter incision lengths (e.g., 4-6 inches) employing direct visualization have gained widespread acceptance. Recently, approaches have been developed to access the site

through small percutaneous routes necessitating the use of image-guidance as the means to visualize the operating field, with the intent of further reducing damage to the muscle and other soft tissue surrounding the spine. Visualization technology includes imaging using standard radiographs (e.g., X-rays), 2 dimensional (2D) fluoroscopy (with or without evoked electromyography), and various intraoperative real-time guidance systems, including: 3D fluoroscopy, 3D stereotactic computerized tomography, ultrasound guidance, and indirect visualization robotic techniques. Specially designed incision and access tools, implant devices, and accessories have been developed for use in conjunction with these various imaging modalities.

Axial presacral access (i.e., AxiaLIF® System) is an anterior percutaneous access approach purported for use for fusion of the lowest lumbar vertebrae (L4, L5) to the sacrum (S1), usually for treatment of Grade I or II spondylolisthesis, spinal stenosis, pseudarthrosis, or degenerative disc disease. The AxiaLIF system uses specialized instruments to create a small presacral axial track to the L4-S1 or L5-S1 vertebral bodies, followed by insertion of an anterior fixation rod that is implanted through the same track. Single- and two-level versions of the AxiaLIF system are available.

### FDA Approval

Lumbar interbody fusion is a procedure and, therefore, not subject to FDA approval. However, medical instrumentation and imaging technology used in these procedures are subject to FDA marketing clearance. FDA approval information is available at: <http://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/>.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). 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 Codes (for AxiaLIF)

- **22586** - Arthrodesis, pre-sacral interbody technique, including disc preparation, discectomy, with posterior instrumentation with image guidance, includes bone graft with preformed, L5-S1 interspace

Original Effective Date: 8/1/2009

Re-Review Date(s): 6/26/2012  
10/22/2013  
7/15/2015  
8/17/2016  
9/18/2019  
1/20/2020 – Administrative update; expired codes removed.

© 2009-2023 Medica.