Alaska Medicaid Lumbar Spine Surgery Criteria (LSSC)

Purpose

The following information and criteria apply to lumbar spine decompression and fusion surgeries of Alaska Medicaid (AKM) recipients.
Comagine Health will begin applying these criteria instead of InterQual for spine surgeries on 05/01/2025.

Required Documentation

Required documentation for every surgical request
1. A note from the requesting surgeon or their physician's assistant (PA) (with surgeon review and sign-off) documenting a detailed neurologic examination and a clear surgical plan addressing how the patient's symptoms and exam findings correlate with lesions identified by imaging for each proposed level of surgery. This evaluation must be completed within six (6) months of the date of surgery.
2. Magnetic resonance imaging (MRI) (preferred) or computerized tomography (CT)-myelogram within twelve (12) months of the requested surgery. (Full radiologist's report required for advanced imaging.)
3. Initial physical therapy (PT) evaluation note, and succinct documentation summarizing conservative care trialed.
4. For all fusion requests: results of flexion-extension x-rays completed within twelve (12) months of surgery.
5. For all fusion requests: documentation of negative urine cotinine test within three (3) months of surgery.

Lumbar Decompression and Fusion Criteria

For all lumbar spine surgery requests the surgical team must evaluate the patient and perform a detailed neurologic exam and document a detailed rationale for their proposed surgical plan. In cases where there are discordant interpretations of the advanced imaging between the surgeon and radiologist, a radiologist overread or another independent radiologist review is required.

A request may be appropriate for	**If the patient has**	**AND the diagnosis is supported by these clinical findings:**		**AND this has been done**	
Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 1D Lumbar Decompression: discectomy, laminectomy, laminotomy, foraminotomy, far lateral decompression	Nerve root compression resulting from herniated disc or synovial cyst (1D)	Required one or more of the following radicular symptoms: • Pain • Burning • Numbness • Paresthesia • Tingling in a dermatomal distribution.	Required objective findings: A or B: A. A radicular motor deficit or EMG evidence of acute motor radiculopathy (positive sharp waves and fibrillation potentials) B. Two of the following: • radicular sensory deficit • (+) SLR that reproduces pain in a radicular distribution • an asymmetric reflex. If A and B are not met In patients with severe radicular pain where there are no objective deficits that satisfy criteria subsets A or B outlined above, the objective findings requirement can be met if the patient has a (+) SNRB* resulting in pain improvement of 80% or 5 points on VAS. *SNRB is low volume (No more than 2 cc of lidocaine).	Required imaging: MRI or CT-Myelogram within 12 months of surgery reveals substantial disc herniation which is concordant with subjective and objective radicular findings. Definition of 'substantial disc herniation' is documentation by the radiologist of nerve root compression, abutment, effacement, or displacement OR moderate foraminal stenosis. Note: Disc protrusion or bulge without the modifiers listed above is NOT considered to be evidence of significant nerve compression.	At least 6 weeks of nonoperative care from the onset of symptoms to include one or more of the following: • Structured PT or home exercise program • NSAIDs/acetaminophen • Epidural steroid injection Typically, from date of injury.

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Subset 2D Lumbar Decompression: laminectomy, laminotomy, or discectomy	Moderate or severe central canal stenosis **(2D)**	Select all patient has: • Radicular leg pain worsened by standing and walking which rapidly resolves with rest. • Symptoms often improve leaning forward.	Neurologic exam may be normal at rest. Note: If subjective complaints are unilateral, both hip and vascular disease should be ruled out by exam.	Required imaging: MRI or CT-Myelogram reveal moderate or severe central stenosis.	At least six weeks of non-operative care and at least one of the following: • Structured PT or home exercise program • NSAIDs/acetaminophen • Epidural steroid injections.

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Subset 3D Lumbar Decompression, discectomy, laminectomy, laminotomy, foraminotomy, far lateral decompression.	Lateral Recess/Foraminal Stenosis **(3D)**	Required one or more of the following: • Radicular pain • Tingling • Paresthesia • Numbness • Burning	Required objective findings of either **A** or **B**: A. A radicular motor deficit or EMG evidence of acute motor radiculopathy (positive sharp waves and fibrillation potentials) **OR** B. Two of the following: • Radicular sensory deficit • (+) SLR that reproduces pain in a radicular distribution • Asymmetric reflex. If A or B is not meet: In patients with severe radicular pain where there are no objective deficits that satisfy criteria subsets A or B outlined above, the objective findings requirement can be met if the patient has a (+) SNRB resulting in 80% pain relief or a 5-point change on VAS.	Required imaging: MRI or CT-Myelogram within 12 months of surgery reveals substantial disc herniation* which is concordant with subjective and objective radicular findings. * Definition of 'substantial disc herniation' is documentation by the radiologist of nerve root compression, abutment, effacement, or displacement OR moderate foraminal stenosis. Note: Disc protrusion or bulge without the modifiers listed above is NOT considered to be evidence of significant nerve compression.	At least 6 weeks of nonoperative care from the onset of symptoms to include one or more of the following: • Structured PT or home exercise program • NSAIDs/acetaminophen • Epidural steroid injections.

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Subset 4D Lumbar Decompression: discectomy, laminectomy, laminotomy, foraminotomy, far lateral decompression.	Acute Cauda Equina Syndrome **(4D)**	Required one or more of the following: • Partial or complete loss of bladder and/or bowel function (incontinence or retention not otherwise explained) • Acute low back pain • Bilateral/unilateral sciatica • Sexual dysfunction.	Required one or more of the following: • Diminished or absent anal sphincter tone • Saddle anesthesia • Numbness and/or weakness involving both legs or multiple nerve roots in one leg is present • Urinary retention, incontinence, and/or patulous anus • Reduced or absent bulbocavernosus reflex • Gait disturbances.	Required imaging: MRI (preferred) or CT-Myelogram reveals a lesion in the spinal canal exerting a mass effect on the Cauda Equina, compressing multiple lumbo-sacral spinal nerve roots.	An emergent condition: Conservative care alone is rarely indicated

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Subset 1F Lumbar Fusion- No prior spinal surgery at the requested level.	Spondylolisthesis **(1F)**	Documentation of one of the following: A. Neurogenic claudication defined as radiating leg pain that is exacerbated while standing up and walking which is immediately relieved by sitting and rest. (Symptoms often improve when bending forward.) OR B. Radiculopathy defined as sensory symptoms in dermatomal distribution including: • Radiating pain • Burning • Numbness • Tingling • Paresthesia	For neurogenic claudication: documentation of intact peripheral pulses. For Radiculopathy documentation of either A or B: A. Radicular motor deficit or positive EMG demonstrating acute denervation (fibrillation and sharp waves) corresponding with the intended level of surgery. **OR** B. Two or more of the following: • Dermatomal sensory deficit on exam • Positive dural tension signs** (e.g., straight leg test, contralateral straight leg test/crossover sign) • Asymmetric reflex changes corresponding with the intended level of surgery. NOTE: For all fusion surgeries: Proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery unless there is an urgent/emergent need for surgery.	Required studies: 1. Lumbar X-ray flexion-extension views 2. MRI or CT-Myelogram Required findings: MRI/CT Myelogram must reveal at least moderate central, lateral recess or foraminal stenosis at the proposed fusion level **AND** Instability at the proposed fusion level as defined as one of the following: • ≥ 4mm of anterior / posterior translation at L3-4 and L4-5 or ≥ 5mm of translation at L5- S1. • At least 2 grade spondylolisthesis. • ≥ 11^{o} end plate angular change at a single level, compared to an adjacent level.	At least three months* of conservative therapy since onset of symptoms for low back pain, which may include: • Structured PT or home exercise program • Epidural steroid injection • Pharmacologic therapy. *Conservative therapy is not required in the presence of documented substantial or progressive motor weakness.

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Subset 2F Lumbar Revision Fusion with prior attempted fusion at the same level. *If an adjacent level is being considered for fusion all subjective, objective, and imaging criteria must be met at that level.	Pseudarthrosis with or without hardware failure **(2F)**	Both of the following are required: • Axial back pain with or without radicular symptoms • New or worsening pain ≥12 months following surgery.	Both of the following are required: A. There are no objective physical findings on exam for pseudarthrosis. If potentially present, other sources of pain generation should be ruled out, (e.g. hip) **AND** B. Proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery unless there is an urgent/emergent need for surgery.	Required imaging: CT scan or CT bone scan/nucleotide scan (within 12 months of requested surgery) confirms objective evidence of pseudarthrosis ≥18* months following previous surgery. Evidence of pseudarthrosis is documented by one of the following: • No evidence of bony union across the fusion site with **documented motion between flexion/extension views** • Fractured screws • Haloed screws. ***NOTE:** 18-month timeframe is not required for catastrophic hardware failure and/or documented substantial or progressive motor weakness.	At least three months* of conservative therapy since onset of symptoms for low back pain, which may include: • Structured PT or home exercise program • Epidural steroid injection • Pharmacologic therapy. *Conservative therapy is not required in the presence of documented substantial or progressive motor weakness.

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Subset 3F Lumbar Fusion with prior laminotomy, laminectomy, foraminotomy or facetectomy at the same level.	New onset: instability, symptomatic central stenosis, or severe radiculopathy following a decompression at the same level (**3F)**	Required one of the following: A. Neurogenic claudication defined as radicular leg pain worsened by standing and walking which rapidly resolves with rest. Symptoms often improve leaning forward. OR B. Radiculopathy defined as sensory symptoms in a dermatomal distribution including: • Radiating pain • Weakness • Burning • Numbness • Tingling • Paresthesia	**For neurogenic claudication:** Clear documentation of a syndrome consistent with neurogenic claudication, (radicular leg pain worsened by standing and walking which rapidly resolves with rest. Symptoms often improve leaning forward.) Documentation of intact peripheral pulses. Neurologic exam often normal but may reveal coexistent radiculopathy. **For radiculopathy:** Objective findings must satisfy either **A or B**: A. A radicular motor deficit or EMG evidence of acute motor radiculopathy (positive sharp waves and fibrillation potentials) B. Two of the following: • Radicular sensory deficit • (+) SLR that reproduces pain in a radicular distribution • An asymmetric reflex. In patients with severe radicular pain where there are no objective deficits that satisfy criteria subsets A or B outlined above, the objective findings requirement can be met if the patient has a (+) SNRB resulting in pain improvement of 80% or 5 points on VAS. SNRB is low volume (No more than 2 cc of lidocaine).	Required imaging: MRI or CT-Myelogram (within 12 months of requested surgery) confirms moderate to severe central, lateral recess, or foraminal stenosis at the same location as previous decompressive procedure.	At least three months of non-operative care since onset of symptoms. Non operative care may include at least one of the following: • Structured PT or home exercise program • Epidural steroid injection • Pharmacologic therapy **Non-operative care is not required in the presence of documented substantial or progressive motor weakness.**

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Subset 4F Lumbar Fusion	Foraminal stenosis associated with severe facet arthropathy or severe disc space collapse **(4F).**	Required at least one of the following radicular symptoms in a dermatomal distribution.: • Pain • Burning • Numbness • Paresthesia • Tingling in a dermatomal distribution.	Objective findings must include one of the following: A. Motor deficit (e.g., foot drop or quadriceps weakness) B. Positive EMG demonstrates acute denervation (fibrillation and sharp waves) corresponding with the level of intended surgery. C. 2 or more of the following: • Dermatomal sensory deficit on exam corresponding with radicular pain/weakness. • Asymmetric reflex changes at the appropriate dermatomal level. • Positive response to Selective Nerve Root Block (SNRB)* as determined and documented by the interventionalist. • Chronic denervation on EMG corresponding with the level of intended surgery. *NOTE: Criteria for selective nerve root blocks: Use low-volume(≤2.0cc) local anesthetic, with fluoroscopy or CT scan. • No sedation should be given with SNRB, except in extreme cases of anxiety. • Document a baseline level of pain. • Meaningful improvement in pain=80%, or 5-pt change on VAS.	Required MRI or CT Myelogram documenting moderate or severe foraminal stenosis **AND** severe disc height loss that correlate with subjective and objective findings at the level of proposed surgical intervention.	At least three months* of conservative therapy from onset of symptoms for low back pain, which may include: • Structured PT or home exercise program • Epidural steroid injection • Pharmacologic therapy *Conservative therapy is not required in the presence of documented substantial or progressive motor weakness.

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Subset 5F

Fusion Criteria for axial back pain due to uncomplicated degenerative disc disease (UDDD)

(UDDD) definition: Chronic low back pain presumed to be of discogenic origin without evidence suggesting that any of the following is present:

- Radiculopathy
- Functional neurologic deficits
- Spondylolisthesis (greater than grade 1)
- Isthmic spondylolysis
- Primary neurogenic claudication associated with stenosis
- Fracture, tumor, infection, inflammatory disease
- Degenerative disease associated with significant deformity

Criteria for single level fusion for UDDD. (Only 1 level covered):
Patient must meet **ALL** of the following criteria:

1. Axial back pain consistent with UDDD as defined above.
2. Absence of sensory and motor radiculopathy.
3. No evidence of grade 2 or greater spondylolisthesis.
4. Absence of dynamic instability on flexion-extension x-rays.
5. Evidence of severe disc space collapse on MRI or CT.
6. Have persistent pain despite 3 months of conservative care.
7. After initial consultation with a pain management physician (specialist), participation in 6-months of coordinated comprehensive conservative care where the surgeon is coordinating conservative care with the primary care physician.
8. **Undergo assessment for and treatment of opioid dependence and depression.**

Additional Notes

Bone morphogenetic protein-2 (rhBMP-2) is covered for use in the lumbar spine in adults ≥ 18 years old for:

A. Primary anterior open or laparoscopic fusion at one level between L4 and S1

OR

B. Revision lumbar fusion on a compromised patient for whom autologous bone and bone marrow harvest are not feasible or not expected to result in fusion. Not covered: Bone morphogenetic protein-7 (rhBMP-7) for use in the lumbar spine.

Revision History

Version Number	Date Revised	Description and summary of changes made to this document	Author
1.0	02/24/2025	Original document	Alaska DHCS
1.0	03/17/2025	Effective date 05/01/2025. AKM LSSC to be reviewed no later than 36 months from effective date.	Alaska DHCS