Alaska Medicaid Cervical Spine Surgery Criteria (CSSC)

Purpose

The following information and criteria apply to cervical spine surgery requests for degenerative cervical spine disease. Surgical requests for treatment of acute severe trauma, malignancy and infection fall outside of these guidelines.
Comagine Health will begin applying these criteria instead of InterQual for spine surgeries on 7/15/2026

Effective date 05/22 /2026. AKM CSSC to be reviewed no later than 36 months from effective date.

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) 3. Succinct documentation summarizing conservative care trialed, including the initial physical therapy (PT) evaluation note. 4. For all fusion requests: documentation of negative urine cotinine test within three (3) months of surgery required regardless of nicotine use.

Legend

ACDF - anterior cervical decompression fusion	CSF – cerebrospinal fluid	CT – computerized tomograghy	EMG - electromyography
FDA – Food and Drug Administration	MRI – magnetic resonance imaging	SNRB – selective nerve root block	TDA-total disc arthroplasty
VAS-visual analogue scale	ESI- epidural steroid injection		

Cervical Spine Surgery Criteria

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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 1 ACDF/posterior fusion, TDA, laminotomy, or foraminotomy **for Single Level.** **NOTE 1:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy. **NOTE 2:** TDA is contraindicated in the presence of severe facet arthropathy or measurable instability (>3.5 mm) AND/OR > 11˚ of rotational difference to either adjacent level. **NOTE 3:** TDA is not FDA approved for the C7-T1 level.	Cervical Radiculopathy-Single Level	Radicular pain or paresthesias in a discrete dermatomal distribution that correlates with a specific cervical level.	**At least one of the following is required:** • Radicular motor deficit • Reflex deficit • EMG (+) for acute or chronic radiculopathy • In the absence of radicular findings, a positive low-volume anesthetic only SNRB. **Criteria for SNRB:** Low volume (1.0 cc or less) anesthetic only, resulting in at least 80% improvement or 5-point change on VAS. No opioids should be given during the procedure.	**Required imaging:** MRI or CT myelogram read by a radiologist reveals at least moderate or severe foraminal stenosis which correlates with the patient's subjective and objective findings. Reconciliation of discordant reads between a surgeon and radiologist is required.	At least six (6) weeks of nonoperative care since the onset of symptoms unless myelopathy or progressive motor radiculopathy is present. Non-operative care may include: • Physical Therapy (PT) • non-steroidal anti-inflammatories (NSAIDs) • Epidural steroid injection (ESI)

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Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 2 ACDF/posterior fusion or TDA, laminotomy or foraminotomy **for two or more levels** **NOTE 1:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within three (3) months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy. **NOTE 2:** TDA is contraindicated in the presence of severe facet arthropathy or measurable instability (>3.5 mm) AND/OR > 11˚ of rotational difference to either adjacent level.	Cervical Radiculopathy-Two or more Levels	Radicular pain or paresthesias in discrete dermatomal distributions that correlate with each requested cervical level.	**At least one of the following findings is required to be correlated with each requested level:** • Radicular motor deficit • Reflex deficit • EMG (+) for acute or chronic radiculopathy **NOTE 1:** For multilevel (2 or more levels) requests, a (+) SNRB cannot be used as an objective finding to satisfy the objective criteria. **NOTE 2:** In multilevel requests where there is one level with documentation of a specific radicular pain pattern corresponding to moderate or severe foraminal stenosis but no objective exam deficits, the level can be approved for inclusion in the surgical construct if all subjective, objective and imaging criteria are met for each of the other requested levels.	**Required imaging:** MRI or CT myelogram read by a radiologist reveals at least moderate or severe foraminal stenosis at each of the requested levels that correlates with a patient's subjective and objective findings at each of the requested levels. Reconciliation of discordant reads between a surgeon and radiologist is required.	At least six (6) weeks of nonoperative care since the onset of symptoms unless myelopathy or progressive motor radiculopathy is present. Non-operative care may include: • Physical therapy (PT) • non-steroidal anti-inflammatories (NSAIDs) • Epidural steroid injection (ESI)

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Subset 3 ACDF/posterior fusion, TDA, laminectomy **+/- fusion or corpectomy for myelopathy-Single level.** **NOTE 1:** For all fusion procedures nicotine cessation is strongly recommended. In the setting where objective exam findings of myelopathy are present, the requirement for urine cotinine testing to confirm nicotine abstinence may be waived. **NOTE 2:** TDA is contraindicated in the presence of severe facet arthropathy or measurable instability (>3.5 mm) AND/OR > 11˚ of rotational difference to either adjacent level.	Cervical Myelopathy	History of hand clumsiness or incoordination, gait disturbance, bowel or bladder dysfunction.	**At least one of these findings:** • Loss of fine motor control • Weakness • Hand clumsiness • Gait disturbance • Bowel or bladder dysfunction • Increased tone in arms and/or legs • Hyperactive reflexes, including Hoffman sign and/or clonus or (+) Babinski sign	**Required imaging:** MRI or CT Myelogram, which reveals at least one of the following and correlates with subjective and objective findings at the requested level: • Cord signal change • Cord compression with loss of circumferential CSF signal • Moderate to severe central stenosis (≤8 mm AP diameter) • Severe central stenosis Reconciliation of discordant reads between a surgeon and radiologist is required.	Not required if there is evidence of myelopathy.

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Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 4 ACDF, laminectomy +/-posterior fusion or corpectomy for myelopathy, **two or more levels.** **NOTE 1:** For all fusion procedures nicotine cessation is strongly recommended. In the setting where objective exam findings of myelopathy are present, the requirement for urine cotinine testing to confirm nicotine abstinence may be waived.	Cervical Myelopathy-	See criteria for single-level myelopathy.	See criteria for single-level myelopathy. **Note:** If the subjective, objective, and imaging criteria are met for single-level myelopathy as described above in Subset 3, the number of levels of surgical intervention will be left to the discretion of the surgeon.	See criteria for single-level myelopathy. Reconciliation of discordant reads between a surgeon and radiologist is required.	Not required if there is evidence of myelopathy.

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Subset 5 Revision ACDF +/- posterior fusion **NOTE 1:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy.	Pseudarthrosis	Neck pain	Radicular neurologic signs are not required.	**At least one of the following:** • CT finding of non-union of prior arthrodesis (after 1 year or more) • Hardware failure • Flexion/extension x-rays with > 2 mm of interspinous motion • Positive SPECT-CT Reconciliation of discordant reads between a surgeon and radiologist is required.	At least twelve (12) months have passed since the index (initial) surgery

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Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 6 Revision surgeries at same level not due to pseudarthrosis. **NOTE 1:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within three (3) months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy.	Recurrent cervical radiculopathy	Radicular pain or paresthesias in discrete dermatomal distributions that correlate with each requested cervical level.	**At least one of these findings:** • Radicular motor deficit • Reflex deficit • EMG (+) for acute or chronic radiculopathy • In the absence of radicular findings, a positive low-volume anesthetic only SNRB. **Criteria for SNRB:** Low volume (1.0 cc or less) anesthetic only resulting in at least 80% improvement or 5-point change on VAS. No opioids should be given during the procedure. **NOTE 1:** For multilevel (2 or more levels) requests, a (+) SNRB cannot be used as an objective finding to satisfy the objective criteria. **NOTE 2:** In multilevel requests where there is one level with documentation of a specific radicular pain pattern corresponding to moderate or severe foraminal stenosis but no objective exam deficits, the level can be approved for inclusion in the surgical construct if all subjective, objective, and imaging criteria are met for each of the other requested levels.	**Required imaging:** MRI or CT myelogram read by a radiologist reveals at least moderate or severe foraminal stenosis at each of the requested levels that correlates with a patient's subjective and objective findings at each of the requested levels. Reconciliation of discordant reads between a surgeon and radiologist is required.	At least twelve (12) weeks of nonoperative care since the onset of symptoms unless myelopathy or progressive motor radiculopathy is present. Non-operative care may include • Physical therapy (PT) • non-steroidal anti-inflammatories (NSAIDs) • Epidural steroid injection (ESI)

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Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 7 ACDF +/- posterior fusion. **NOTE 1:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy.	Degenerative spondylolisthesis +/- segmental instability	Radicular pain and/or symptoms of myelopathy	**At least one of these findings:** • Radicular motor deficit • Reflex deficit • EMG (+) for acute or chronic radiculopathy • Symptoms or signs of myelopathy	**At least one of the following is required:** • Flexion-extension cervical x-rays reveal ≥ 2.0 mm of translation • Lateral C-spine x-ray reveals ≥ 3.5 mm or greater of fixed anterolisthesis.	Not required if there is evidence of myelopathy or motor radiculopathy.

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Surgical Procedure	**Condition or Diagnosis**	**Subjective**	**Objective**	**Imaging**	**Non-operative care**
Subset 8 Hybrid procedures - ACDF at 1 level and TDA at 2nd level. **NOTE 1:** Hybrid procedures for 3 or more levels are not covered. **NOTE 2:** TDA is contraindicated in the presence of severe facet arthropathy or measurable instability (>3.5 mm) AND/OR > 11˚ of rotational difference to either adjacent level. **NOTE 3:** For all fusion procedures: proof of absolute nicotine cessation, demonstrated by one negative urine cotinine test within 3 months of the request for surgery is required. This requirement may be waived if there is documentation of myelopathy or progressive motor radiculopathy.	Cervical Radiculopathy-Two Levels	Radicular pain or paresthesias in a discrete dermatomal distribution that correlates with each cervical level.	**At least one of the following findings is required to be correlated with each requested level:** • Radicular motor deficit • Reflex deficit • EMG (+) for acute or chronic radiculopathy.	**Required Imaging:** MRI or CT myelogram read by a radiologist that reveals at least moderate or severe foraminal stenosis at each of the requested levels that correlates with a patient's subjective and objective findings. Reconciliation of discordant reads between a surgeon and radiologist is required.	At least six (6) weeks of nonoperative care since the onset of symptoms unless myelopathy or progressive motor radiculopathy is present. Non operative care may include • Physical therapy (PT) • non-steroidal anti-inflammatories (NSAIDs) • Epidural steroid injection (ESI)