

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2020111 OCTOBER 6, 2020

IHCP updates policy regarding treatment of spinal stenosis

Effective November 7, 2020, the Indiana Health Coverage Programs (IHCP) will be adding medical necessity criteria associated with the treatment of spinal stenosis. Prior authorization (PA) will be required for select spinal stenosis procedures.

The procedure codes in Table 1 will require PA for dates of service (DOS) on or after November 7, 2020.

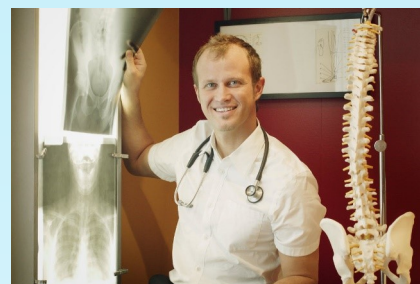


Table 1 – PA required for select spinal stenosis procedure codes, effective for DOS on or after November 7, 2020

Procedure code	Description
22867	Insertion of stabilizing or separating device into lower spine at single level with open decompression
22868	Insertion of stabilizing or separating device into lower spine at additional level with open decompression
22869	Insertion of stabilizing or separating device into lower spine at single level
22870	Insertion of stabilizing or separating device into lower spine at second level

These procedures are considered medically necessary when:

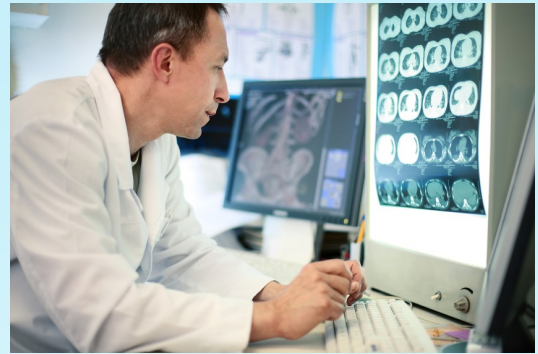
- Patient is age 50 years or older and is suffering from intermittent neurogenic claudication secondary to a *confirmed* diagnosis of lumbar spinal stenosis.
- Patient has moderately impaired physical function and experiences relief in flexion from symptoms of leg/buttock/groin pain, with or without back pain.
- Patient has undergone at least 6 months of nonoperative treatment.
- Patient has consistent or persistent cramping in the calves with walking, requiring frequent short rests to walk a distance.
- Patient has consistent or persistent pain radiating into one or both thighs and legs, similar to the lay term “sciatica” and possible loss of motor functioning of the legs, loss of normal bowel or bladder function.

Associated indications associated with medical necessity include the following:

- Congenital or idiopathic deformity (for example, scoliosis)
- Congenital bone disease
- Vertebral fracture (for example, without spinal cord injury)
- Muscular dystrophy

These procedures are considered **not** medically necessary when:

- Patient allergic to titanium or titanium alloy
- Spinal anatomy or disease that prevents implant of device or causes device to be unstable *in situ*, such as significant instability of lumbar spine (for example, isthmic spondylolisthesis or degenerative spondylolisthesis greater than grade 1.0 [on scale of 1 to 4])
- Ankylosed segment at affected level(s)
- Acute fracture of spinous process or pars interarticularis
- Significant scoliosis (Cobb angle greater than 25 degrees)
- Cauda equina syndrome defined as neural compression causing neurogenic bowel or bladder dysfunction
- Diagnosis of severe osteoporosis, defined as bone mineral density (from DEXA scan or some comparable study) in spine or hip that is more than 2.5 SD below the mean of adult normals in presence of one or more fragility fractures
- Active systemic infection or infection localized at site of implantation
- Body mass index (BMI) > 40kg/m²



For more information on PA requirements and billing information, see the [Surgical Services](#) provider reference module.

This PA information applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

These changes will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

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