

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Spinal Fusion Enhancement Products

MCG Health
Ambulatory Care
27th Edition

AUTH: RMHP-5084A (AC)

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Description

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Autologous iliac bone grafting has long been the gold standard for bone grafting in spinal fusion due to its osteoconductive, osteoinductive, and osteogenic abilities, however it is associated with donor site morbidity. Biological products such as Bone Marrow Aspirate, recombinant human bone morphogenetic protein-2 (rhBMP-2), and Demineralized Bone Matrix may improve spinal fusion success rates and enhance bone healing. Some biological products such as human amniotic membrane derivatives, and cell-based products, as well as synthetics such as ceramic-based products and Bioactive Glass, are being investigated for their ability to improve outcomes.

Clinical Indications for Procedure

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- The requested procedure involves spinal fusion enhancement products and **ALL** of the following
 - For **all RMHP plans**, the case will be pended for the reviewer to apply the UHC guideline that corresponds to the member's plan type as described in the References section. The requester will be notified of the decision per protocol.

Reviewer Guidance

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For all RMHP plans, apply the UHC guideline that corresponds to the member's plan type as described in the References section of this policy.

Policy History

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Adopted 1/6/2022 following internal review by medical direction. Supersedes and replaces the retired and deactivated policy RMHP-AC-5084. 2022 annual review and approval by committee hierarchy.

2023 annual review and approval by committee hierarchy.

2024 annual review, updated UHC policy reference

References

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For **RMHP Medicare, both CareAdvantage and Dual Special Needs Plan (DSNP) and RMHP Individual and Family Plan (IFP) [Commercial]** members, apply the UHC guideline UnitedHealthcare Commercial Medical Policy, Spinal Fusion and Bone Healing Enhancement Products Policy Number: 2024T0410FF Effective Date: January 1, 2024, online at <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/spinal-fusion-bone-healing-products.pdf> at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies filename UHC spinal-fusion-bone-healing-products-Commercial

For **RMHP PRIME (Medicaid) and CHP+ plans**, apply the UHC guideline UnitedHealthcare Community Plan Medical Policy, Spinal Fusion and Bone Healing Enhancement Products Policy Number: 2024T0410FF Effective Date: January 1, 2024, online at <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/spinal-fusion-bone-healing-products.pdf> internally at S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies

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CMS Medicare Coverage Database search 3/27/2023 reveals there is no Local or National Coverage Determination or policy article.

Novitas Medicare Physician Fee Schedule (MPFS) shows CPT 20930 as always bundled and priced at zero. 20931 is status A and priced.

Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado Fee Schedule review 3/27/2023 has pricing and coverage for 20930, 20931 and 20939.

20939 is an add-on code.

22899 is an unlisted code - Unlisted procedure, spine.

Codes

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