



Via email

August 25, 2020

Independence Blue Cross

IBCMedicalPolicy@ibx.com

Re: IBC Policy 11.14.27d-Spinal Fusion

Dear Independence Blue Cross Medical Policy Team,

On behalf of the International Society for the Advancement of Spine Surgery (ISASS), we would like to comment on the association's recently released policy on Lumbar Spinal Fusion¹ and the requirement that a Physiatrist attest that a patient undergoing surgery has failed conservative care treatment as stated in the first sentence of the section headed Lumbar Spinal Fusion.

“Lumbar spinal fusion is considered medically necessary and, therefore, covered when **any** of the following criteria are met; and a physiatry consultation has been completed to confirm the failures of nonsurgical options.”

Currently the surgical judgement regarding complex spine issues including cauda equina syndrome, fractures, tumors, and osteomyelitis-discitis cases in the hospital is placed in the trust of spine surgeons. Blue Cross of Philadelphia, however, has discerned that the management of lumbar degenerative disc disease (DDD) is beyond the armamentarium of the spine surgeon; moreover, Blue Cross of Philadelphia has determined that all lumbar fusion must be adjudicated through the balliwick of a physiatrist. ISASS believes that this intrusion has already been shown to create significant barriers to efficient care. ISASS questions the Level of Evidence supporting an additional consultation with a physiatrist to document that a patient has exhausted nonsurgical options. ISASS further maintains that the spine surgeon, rather than the physiatrist, is solely capable of the surgical decision making required to deliver spine surgery.

The initiation of mandatory Prior Authorization (PA) physiatric screening of elective lumbar fusion in a non-Medicare population has been shown to dramatically lengthen by almost one year the low back pain (LBP) episodes requiring surgery while increasing pre-surgical care due to spinal injections and inpatient admissions. Goodman et al² concluded that such programs resulted in only a transitory rate change in lumbar fusion with both costly and unintended consequences.

¹ <https://medpolicy.ibx.com/ibc/Commercial/Pages/Policy/6C6218B5CEC0F18085258588005C4080.aspx>

² Goodman RM, Powell CC, Park P. The Impact of Commercial Health Plan Prior Authorization Programs on the Utilization of Services for Low Back Pain. *Spine (Phila Pa 1976)*. 2016;41(9):810-815. doi:10.1097/BRS.0000000000001329



An updated comprehensive systematic review of the literature by Phillips et al³ concerning lumbar spine fusion for chronic LBP due to DDD concluded that surgery is a viable treatment modality in pain reduction and improved function. Furthermore, across the studies reviewed, the mean patient satisfaction rate was 71%.

ISASS remains concerned by this egregious overreach by Blue Cross of Philadelphia and believes that there will be deleterious repercussions for spine patients. ISASS would welcome a dialogue with Blue Cross of Philadelphia to discuss the policy implications and an opportunity to work with the association to provide appropriate, evidenced-based care to patients suffering from degenerative disc disease.

As an appendix to this letter, enclosed is the ISASS Lumbar Fusion Policy Statement. Please do not hesitate to contact us if we may provide any additional information (mloriomd@gmail.com) or to speak further on the issue.

Sincerely,

A handwritten signature in black ink that reads 'Frank Phillips'.

Frank M. Phillips, MD
President, ISASS

A handwritten signature in black ink that reads 'Morgan P. Lorio MD'.

Morgan Lorio, MD, FACS
Chair, ISASS Coding and Reimbursement Task
Force

³ Phillips FM, Slosar PJ, Youssef JA, Andersson G, Papatheofanis F. Lumbar spine fusion for chronic low back pain due to degenerative disc disease: a systematic review. *Spine (Phila Pa 1976)*. 2013;38(7):E409-E422.
doi:10.1097/BRS.0b013e3182877f11