



ND

Medical Policies



Policy Number:	S-5130		
Policy Name:	Axial Lumbosacral Interbody Fusion		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025		

Description

Axial Lumbosacral Interbody Fusion

Axial lumbosacral interbody fusion (LIF; also called presacral, transsacral, or paracoccygeal interbody fusion) is a minimally invasive technique designed to provide anterior access to the L4-S1 disc spaces for interbody fusion while minimizing damage to muscular, ligamentous, neural, and vascular structures. It is performed under fluoroscopic guidance.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date OR

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

*See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

Criteria

Axial lumbosacral interbody fusion is considered **investigational**.

Procedure Codes

22586

22899

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	Commercial
22899	UNLISTED PROCEDURE SPINE	Commercial
22586	ARTHRODESIS PRESACRAL NTRBDY DSC W/INSTRMJ L5-S1	Medicaid Expansion
22899	UNLISTED PROCEDURE SPINE	Medicaid Expansion

References

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2. U.S. Food and Drug Administration. Premarket Notification [510(K)] Summary. TranS1 AxiaLIF II System. 2008; https://www.accessdata.fda.gov/cdrh_docs/pdf7/K073643.pdf. Accessed March 8, 2018.
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11. Lindley EM, McCullough MA, Burger EL, et al. Complications of axial lumbar interbody fusion. *J Neurosurg Spine.* Sep 2011;15(3):273-279. PMID 21599448.
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13. National Institute for Health and Care Excellence (NICE). Transaxial interbody lumbosacral fusion [IPG387]. 2011; <https://www.nice.org.uk/guidance/ipg387>. Accessed March 13, 2019.
14. National Institute for Health and Care Excellence (NICE). Transaxial interbody lumbosacral fusion for severe chronic low back pain [IPG620]. 2018; <https://www.nice.org.uk/guidance/ipg620>. Accessed March 13, 2019.

ND Committee Review

Internal Medical Policy Committee 11-14-2019 HMK archived, review by Evicore. HMK policy 7.01.130 ALIF INV which ND current policy states. 7.01.141 similar Lumbar Fusion criteria as current. 6.01.23 addresses SI fusion with implant *Effective January 6, 2020*

Internal Medical Policy Committee 01-19-2021 Coding Update *Effective March 1, 2021*

- **Removing** Procedure Codes 0195T & 0196T

Internal Medical Policy Committee 03-23-2022 Annual Review, no changes in criteria *Effective May 2, 2022*

Internal Medical Policy Committee 03-23-2023 Revision - *Effective May 01, 2023*

- **Added** Summary of Evidence

Internal Medical Policy Committee 5-14-2024 Annual Review-no change in criteria. *Effective July 1, 2024*

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.

