



ND

Medical Policies

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Policy Number:	S-9004		
Policy Name:	Cervical Fusions		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025		

Description

Cervical fusion is a surgical procedure that joins two vertebral bones in the cervical spine. The procedure is performed to treat severe neck pain and disability, or instability of the cervical spine, and involves the use of bone graft materials and various types of instrumentation to join the vertebrae together. The cervical spine may be approached anteriorly or posteriorly or use a combination of anterior-posterior approaches. In some instances, cervical fusion may be considered an alternative to cervical disc arthroplasty.

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 service.

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV	Medicaid Expansion
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	Medicaid Expansion
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Medicaid Expansion
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Medicaid Expansion
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Medicaid Expansion
22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Medicaid Expansion
22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Medicaid Expansion
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Medicaid Expansion
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	Medicaid Expansion
22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Medicaid Expansion
22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Medicaid Expansion
22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Medicaid Expansion
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Medicaid Expansion
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SGM	Medicaid Expansion
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SGM	Medicaid Expansion
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	Medicaid Expansion
0219T	PLMT POST FACET IMPLANT UNI/BI W/IMG & GRFT CERV	Commercial
0222T	PLACE POSTERIOR INTRAFACET IMPLANT ADDL SEGMENT	Commercial
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	Commercial

22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	Commercial
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	Commercial
22554	ARTHRD ANT INTERBODY MIN DSC CRV BELOW C2	Commercial
22585	ARTHRD ANT NTRBD MIN DSC EA ADDL INTERSPACE	Commercial
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	Commercial
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1- C2	Commercial
22600	ARTHRD PST/PSTLAT TQ 1NTRSPC CRV BELW C2 SEGMENT	Commercial
22614	ARTHRODESIS PST/PSTLAT TQ 1NTRSPC EA ADDL NTRSPC	Commercial
22800	ARTHRODESIS POSTERIOR SPINAL DFRM <6 VRT SGM	Commercial
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SGM	Commercial
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2- 3 VRT SGM	Commercial
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4- 7 VRT SGM	Commercial
22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8+ VRT SGM	Commercial

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ND Committee Review

Internal Medical Policy Committee 5-19-2020 New policy *Effective July 06, 2020*

Internal Medical Policy Committee 5-20-2021 Annual Review-No changes in criteria *Effective July 05, 2021*

Internal Medical Policy Committee 5-24-2022 Annual Review-No changes in criteria *Effective July 04, 2022*

Internal Medical Policy Committee 5-23-2023 Annual Review-No changes in criteria *Effective July 03, 2023*

Internal Medical Policy Committee 5-14-2024 Annual Review Revision - *Effective July 01, 2024*

- *Added* Policy Application
- *Updated* Professional Statements

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.