January 29, 2014

Dear NASS Members,

As part of its mission to foster the highest quality, evidence-based and ethical spine care, NASS regularly provides feedback to payers on their spine-related coverage policies.

In the fall of 2013, the NASS Professional, Economic and Regulatory Committee reviewed Aetna’s coverage policy on Back Pain—Invasive Procedures (Policy# 0016). NASS outlined its concerns with this policy in a formal letter and a September 18, 2013 conference call with Aetna leadership. We are pleased to inform you that Aetna revised their coverage policy.

Originally, Aetna indicated that spine cages were only considered medically necessary for use with autogenous bone graft in patients who meet criteria for lumbar spinal fusion and for thoracic fusion. They also stated that “spine cages are considered NOT medically necessary for cervical fusion.” Aetna considered cages experimental and investigational for all other indications because their effectiveness has not been established.

Aetna’s revised coverage decision indicates that they consider spine cages medically necessary for use with autogenous bone graft in members who meet criteria for lumbar spinal fusion and for thoracic fusion. Aetna now indicates that spine cages for cervical fusion are considered medically necessary for members who meet the following criteria in spinal surgery:

Laminectomy and Fusion with any of the following indications for use of a cage:

1) multilevel (more than two-level) corpectomy (removal of half or more of vertebral body, not mere removal of osteophytes and minor decompression) for tumors involving one or more vertebrae, greater than 50 percent compression fracture of vertebrae, retropulsed bone fragments, or central canal stenosis with myelopathy;
2) multilevel (more than two-level) fusion for pseudarthrosis in person with prior fusion; or
3) Jehovah's Witness with poor bone stock (e.g., due to osteoporosis, osteogenesis imperfecta, ESRD, diabetes, long-term steroid use, immunosuppression after transplant, or parathyroid deficiency).

Aetna maintained their previous position and indicated that spine cages are otherwise not considered medically necessary for cervical fusion because they have not been proven more effective that bone graft for this indication. Aetna says spine cages are considered experimental and investigational for all other indications because their effectiveness for indications other than the one listed above has not been established.
While there are obvious limitations to this revised coverage decision, it is a step in the right direction to help our patients access appropriate care. NASS appreciates Aetna’s willingness to consider our comments and revise their coverage decision.

I would like to acknowledge Christopher Bono, MD; Christopher Kauffman, MD and Joseph S. Cheng, MD, MS for their leadership in advocating for fair coverage decisions while promoting evidence-based medicine.

As part of its mission to foster the highest quality, evidence-based and ethical spine care, NASS will continue its efforts to advocate on your behalf and the patients you serve.

Sincerely,

William Watters III, MD
President, North American Spine Society