# **Medical Coverage Policy** | Dynamic Spinal Visualization





**EFFECTIVE DATE:** 06 | 01 | 2017 **POLICY LAST UPDATED:** | |

#### **OVERVIEW**

Dynamic spinal visualization is a general term addressing different imaging technologies that simultaneously visualize spine (vertebrae) movements and external body movement. These technologies have been proposed for the evaluation of spinal disorders including neck and back pain.

#### MEDICAL CRITERIA

Not applicable

# **PRIOR AUTHORIZATION**

Not applicable

# **POLICY STATEMENT**

## BlueCHiP for Medicare and Commercial Products

The use of dynamic spinal visualization is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

#### **COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for services not medically necessary.

# **BACKGROUND**

Most spinal visualization technologies use x-rays to create images either on film, video monitor, or computer screen. Digital motion x-ray involves the use of either film x-ray or computer-based x-ray "snapshots" taken in sequence as a patient moves. Film x-rays are digitized into a computer for manipulation, while computer-based x-rays are automatically created in a digital format. Using a computer program, the digitized snapshots are then sequenced and played on a video monitor, creating a moving image of the inside of the body. This moving image can then be evaluated by a physician alone or by using computer software that evaluates several aspects of the body's structure, such as intervertebral flexion and extension, to determine the presence or absence of abnormalities.

Videofluoroscopy and cineradiography are different names for the same procedure, which uses fluoroscopy to create real-time video images of internal structures of the body. Unlike standard x-rays, which take a single picture at 1 point in time, fluoroscopy provides motion pictures of the body. The results of these techniques can be displayed on a video monitor as the procedure is being conducted, as well as recorded, to allow computer analysis or evaluation at a later time. Like digital motion x-ray, the results can be evaluated by a physician alone or with the assistance of computer software.

Dynamic magnetic resonance imaging (MRI) is also being developed to image the cervical spine. This technique uses an MRI-compatible stepless motorized positioning device and a real-time true fast imaging with steady-state precession sequence to provide passive kinematic imaging of the cervical spine. The quality of the images is lower than a typical MRI sequence, but is proposed to be adequate to observe changes in the alignment of vertebral bodies, the width of the spinal canal, and the spinal cord. Higher resolution imaging can be performed at the end positions of flexion and extension.

# **REGULATORY STATUS**

In 2012, the KineGraph VMA<sup>TM</sup> (Vertebral Motion Analyzer; Ortho Kinematics) was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. The system includes a Motion Normalizer<sup>TM</sup> for patient positioning, standard fluoroscopic imaging, and automated image recognition software. Processing of scans by Ortho Kinematics is charged separately.

For individuals who have back or neck pain who receive dynamic spinal visualization, the evidence includes comparative trials. Relevant outcomes are test accuracy, symptoms, and functional outcomes. Techniques include digital motion x-rays, cineradiography/videofluoroscopy, or dynamic magnetic resonance imaging of the spine and neck. The available studies compare spine kinetics in patients with neck or back pain to that in healthy controls. No literature was identified on the diagnostic accuracy of dynamic visualization in a relevant patient population. No evidence was identified on the effect of this technology on symptoms or functional outcomes. The evidence is insufficient to determine the effects of the technology on health outcomes. Therefore, this service is considered not medically necessary for BlueCHiP for Medicare and Commercial products.

## CODING

# BlueCHiP for Medicare and Commercial Products

The following CPT codes are considered not medically necessary:

76120 Cineradiography/videoradiography, except where specifically included

76125 Cineradiography/videoradiography to complement routine examination (list separately in addition to code for primary procedure)

#### **RELATED POLICIES**

None

#### **PUBLISHED**

Provider Update, XXX2017

# **REFERENCES:**

- 1. Gerigk L, Bostel T, Hegewald A, et al. Dynamic magnetic resonance imaging of the cervical spine with high-resolution 3-dimensional T2-imaging. Clin Neuroradiol. Mar 2012;22(1):93-99. PMID 22193978
- 2. Teyhen DS, Flynn TW, Childs JD, et al. Arthrokinematics in a subgroup of patients likely to benefit from a lumbar stabilization exercise program. Phys Ther. Mar 2007;87(3):313-325. PMID 17311885
- 3. Ahmadi A, Maroufi N, Behtash H, et al. Kinematic analysis of dynamic lumbar motion in patients with lumbar segmental instability using digital videofluoroscopy. Eur Spine J. Nov 2009;18(11):1677-1685. PMID 19727854
- 4. Hino H, Abumi K, Kanayama M, et al. Dynamic motion analysis of normal and unstable cervical spines using cineradiography. An in vivo study. Spine (Phila Pa 1976). Jan 15 1999;24(2):163-168. PMID 9926388
- 5. Takayanagi K, Takahashi K, Yamagata M, et al. Using cineradiography for continuous dynamic-motion analysis of the lumbar spine. Spine (Phila Pa 1976). Sep 1 2001;26(17):1858-1865. PMID 11568694 6. Wong KW, Leong JC, Chan MK, et al. The flexion-extension profile of lumbar spine in 100 healthy volunteers. Spine (Phila Pa 1976). Aug 1 2004;29(15):1636-1641. PMID 15284509

#### ----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.



