



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject **Dynamic Spinal Visualization**

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Coverage Policy Number 0249

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Hyperlink to Related Coverage Policies

Chiropractic Care
Spinal Ultrasound

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

CIGNA does not cover dynamic spinal visualization (e.g., dynamic motion x-ray, videofluoroscopy of the spine, digital motion x-ray, cineradiography of the spine) for any indication because it is considered experimental, investigational or unproven.

General Background

Dynamic spinal visualization, also known as (e.g., dynamic motion x-ray, videofluoroscopy of the spine, digital motion x-ray or cineradiography of the spine) is an imaging modality that has been used for decades in the diagnosis of a wide variety of conditions, including swallowing disorders and heart disease. It is also used to produce a dynamic spinal visualization by allowing the clinician to simultaneously view movement of structures such as the skeleton, intervertebral discs, and ligaments with corresponding body movements.

Individuals who undergo dynamic spinal visualization (i.e., videofluoroscopy of the spine) perform a range-of-motion routine, which includes flexion, extension in lateral and oblique positions, and nodding (in the case of cervical imaging). The real-time movement is observed with the use of an x-ray machine, with the resulting images being viewed on a computer screen or video monitor. Proponents of the technique state that it is able to demonstrate abnormalities that cannot be detected in still images.

U.S. Food and Drug Administration (FDA)

Cine imaging cameras may be approved by the U.S. Food and Drug Administration (FDA) under the product classification of "Device camera, x-ray, fluorographic, cine or spot." Section 892.1620 states that a cine or spot fluorographic x-ray camera is a device intended to photograph diagnostic images that are produced by x-rays with an image intensifier.

Literature Review

The accuracy of dynamic spinal visualization for diagnosing spinal instability is impossible to assess (other than surgery) because there is no gold standard that would unambiguously indicate whether the patient suffers from spinal instability. Due to the paucity of well-designed studies, there is insufficient evidence in the published peer-reviewed scientific literature to support the use of dynamic spinal visualization for the diagnosis or management of spinal disorders. The role and utility of this imaging technique in the management of spinal disorders remains unknown (Ahmadi, et al., 2009; Goldberg, et al., 2007; Teyhen, et al., 2007; Wong, et al., 2004; Zheng, et al., 2004; Lee, et al., 2002; Takayanagi, et al., 2001; Okawa, et al., 1998). Large, well-designed, controlled, comparative trials are needed.

Professional Societies/Organizations

The American Chiropractic Association states in the American Chiropractic College of Radiology Guideline for the use of musculoskeletal videofluoroscopy (1991, updated 2005) that the objective of musculoskeletal videofluoroscopy is for the evaluation of suspected intersegmental joint dysfunction which has not been adequately demonstrated by other methods. It should be performed following appropriate history, clinical examination, including diagnostic studies, and a reasonable period of conservative management. It is rarely indicated in the acute patient. Chronic indications include:

- persistent signs and symptoms or unsatisfactory response to care as appropriately documented by the treating physician (generally accepted as exceeding 12 weeks)
- suspected persistent intersegmental joint dysfunction
- inconclusive or equivocal evidence of intersegmental joint dysfunction from plain x-ray, CT, MRI or other appropriate imaging procedures

The guideline states that videofluoroscopy may be indicated when treatment has not been utilized or has been delayed and where inadequate explanation of findings of clinically evident joint dysfunction is documented.

Summary

There is a lack of evidence to support the clinical utility of dynamic spinal visualization (e.g., dynamic motion x-ray, videofluoroscopy of the spine, digital motion x-ray, cineradiography of the spine) for the diagnosis or management of spinal disorders. Its impact on positive net health outcomes has not been demonstrated.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Experimental/Investigational/Unproven/Not Covered when used to report dynamic spinal visualization dynamic motion x-ray, videofluoroscopy of the spine, digital motion x-ray, cineradiography of the spine for any indication.

CPT* Codes	Description
76120	Cineradiography/videoradiography, except where specifically included
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)

ICD-9-CM Diagnosis Codes	Description
	All codes

*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

References

1. American Chiropractic Association. American Chiropractic College of Radiology Guideline for the use of musculoskeletal videofluoroscopy. Last reviewed and approved in 2005. Accessed August 2010. Available at URL address: <http://www.accr.org/accrguidelinepage.htm>
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3. ECRI. Videofluoroscopy of the Spine for Diagnosing Instability. Hotline Request.Plymouth Meeting (PA): ECRI Institute; Published: 04/13/2010. Available at URL address: <http://www.ecri.org>.
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5. Lee SW, Wong KW, Chan MK, Yeung HM, Chiu JL, Leong JC. Development and validation of a new technique for assessing lumbar spine motion. *Spine.* 2002 Apr 15;27(8):E215-20.
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9. U.S. Food and Drug Administration (FDA) Center for Devices and Radiological Health (CDER). Product classification database. Accessed August 2010. Available at URL address: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm?ID=4624>
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Policy History

Pre-Merger Organizations	Last Review Date	Policy Number	Title
CIGNA HealthCare Great-West Healthcare	09/15/2007	0249	Cineradiography / Videofluoroscopy for Non-Cardiac Indications

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