

Medical Coverage Policy | Dynamic Spinal Visualization and Vertebral Motion Analysis



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OVERVIEW

Dynamic spinal visualization is a general term addressing different imaging technologies that simultaneously visualize spinal (vertebral) movements and external body movement. Vertebral motion analysis uses similar imaging as dynamic spinal visualization, with the addition of controlled movement and computerized tracking. 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

Medicare Advantage Plans

The use of dynamic spinal visualization and vertebral motion analysis is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

The use of dynamic spinal visualization and vertebral motion analysis 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 Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

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 one 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 step less 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.

Vertebral motion analysis systems like the KineGraph VMA (Vertebral Motion Analyzer) provide assisted bending with fluoroscopic imaging and computerized analysis. The device uses facial recognition software to track vertebral bodies across the images. Proposed benefits of the vertebral motion analysis are a reduction in patient-driven variability in bending and assessment of vertebral movement across the entire series of imaging rather than at the end range of flexion and extension.

For individuals who have back or neck pain and 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. Most available studies compare spine kinetics in patients who had neck or back pain with spine kinetics in healthy controls. In a feasibility study of 21 patients examining dynamic MRI for the detection of spondylolisthesis, 3 dynamic MRI protocols demonstrated sensitivities of 68.8% to 78.6% when compared to standard flexion-extension radiographs. 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.

For individuals who have back or neck pain who receive vertebral motion analysis, the evidence includes comparisons to standard flexion/extension radiographs. Relevant outcomes are test accuracy, symptoms, and functional outcomes. These studies reported that vertebral motion analysis reduces variability in measurement of rotational and translational spine movement compared with standard flexion/extension radiographs. Whether the reduction in variability improves diagnostic accuracy or health outcomes is uncertain. The single study that reported on diagnostic accuracy lacked a true criterion standard, limiting interpretation of findings. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

The following CPT codes are not covered for Medicare Advantage Plans and not medically necessary for Commercial products:

76120 Cineradiography/videoradiography, except where specifically included.

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

There is no specific code for vertebral motion analysis and some dynamic spinal visualization techniques. Therefore, unlisted CPT codes 76496 or 76499 may be used.

RELATED POLICIES

Unlisted Procedures

PUBLISHED

Provider Update, February 2024

Provider Update, December 2022

Provider Update, September 2021

Provider Update, November 2020

Provider Update, December 2019

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