



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Dynamic Spinal Visualization

- Cineradiography
- Digital Fluoroscopic Video of the Spine
- Dynamic Motion X-ray
- Spine Digital Motion X-ray

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Article	None
Kaiser Permanente Medical Policy	Due to the absence of a NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, " <b>Dynamic Spinal Visualization</b> " for medical necessity determinations. Use the Non-Medicare criteria below.

#### For Non-Medicare Members

There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

**If requesting this service, please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or consulting specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

### Background

Dynamic spinal visualization addresses different imaging techniques that allow the simultaneous visualization of movement of internal body structures with corresponding external body movement. These include dynamic or digital motion x-rays and video fluoroscopy (also known as digital fluoroscopic video or cineradiography). These imaging technologies use x-rays to create images either on film, video monitor, or computer screen.

Video fluoroscopy is a procedure that uses fluoroscopy to create real-time video images of internal structures of the body. Unlike standard x-rays that take one picture at a time, fluoroscopy provides motion pictures of the body that can be displayed on a video monitor during the procedure and also recorded for further or later evaluation. Digital motion X-ray is a fluoroscopic x-ray that integrates today's digital and optic technology to produce an x-ray movie of the body while in motion. It involves the use of either film x-ray or computer-based x-ray snapshots taken in sequence as the patient moves; to image the cervical spine; for example, patients are asked to perform flexion, extension, right and left lateral flexion and left and right rotation exercises to document range of motion. The

snapshots are then digitized, put in order using a computer program and played on a video monitor creating a moving image of the inside of the body. Both digital motion x-rays and video fluoroscopy can either be examined by the physician with or without using special computer software to evaluate several aspects of the body's structure such as intervertebral flexion and extension, to determine the presence or absence of abnormalities.

The technology has been used for decades in the diagnosis of various conditions, mainly swallowing disorders, and have been proposed for the evaluation of spinal disorders including low back pain, and segmental lumbar spinal instability to determine the presence or absence of abnormalities.

## Medical Technology Assessment Committee (MTAC)

### Dynamic Spinal Visualization

#### 10/17/2011: MTAC REVIEW

**Evidence Conclusion:** There is insufficient published evidence, to date, to determine the clinical utility of dynamic spinal visualization for the diagnosis or management of patients with spinal disorders. The published studies mainly evaluated the spine kinematics and motion patterns of the lumbar segments in symptomatic patients and asymptomatic volunteers. Others studied the correlation of total sequence of movement observed by cineradiography with the conventional radiographs taken at the extremes of spinal motion. No studies examined the effect of using the technology on managing the patients, impact on health outcomes, or an incremental value over conventional imaging methods. Reviews made by other health plans including Blue Cross, Blue Shield, Regence, Anthem, and several others, all came to the same conclusion that dynamic spinal visualization is considered investigational, and that there is insufficient published data to support the use of digital motion x-rays or cineradiography/video fluoroscopy of the spine for any indication.

**Articles:** The literature search revealed a limited number of small studies that compared the spine kinematics in patients with neck or back pain versus asymptomatic controls. No studies evaluating the effect of using the technology on managing the patients with back pain or other spinal disorders were identified.

The use of dynamic spinal visualization does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

## Applicable Codes

### Considered Not Medically Necessary:

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)

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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Date Created	Date Reviewed	Date Last Revised
11/01/2011	11/01/2011 <sup>MDCRPC</sup> , 10/02/2012 <sup>MDCRPC</sup> , 08/06/2013 <sup>MPC</sup> , 06/03/2014 <sup>MPC</sup> , 02/03/2015 <sup>MPC</sup> , 12/01/2015 <sup>MPC</sup> , 10/04/2016 <sup>MPC</sup> , 08/01/2017 <sup>MPC</sup> , 07/10/2018 <sup>MPC</sup> , 07/09/2019 <sup>MPC</sup> , 07/07/2020 <sup>MPC</sup> , 07/06/2021 <sup>MPC</sup> , 07/05/2022 <sup>MPC</sup> , 07/11/2023 <sup>MPC</sup> , 05/07/2024 <sup>MPC</sup> , 05/06/2025 <sup>MPC</sup>	11/01/2011

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description

