

## Access Techniques for Lumbar Interbody Fusion

Also known as	<div><div><div>1. Anterior LIF (ALIF)</div><div>2. AxiaLIF</div><div>3. Direct lateral IF (DLIF)</div><div>4. eXtreme lateral IF (XLIF)</div><div>5. Laparoscopic ALIF (Lap-ALIF)</div><div>6. Lumbar interbody fusion (LIF)</div><div>7. Minimally Invasive Access Techniques</div><div>8. Oblique lateral IF (OLIF)</div><div>9. Posterior LIF (PLIF)</div><div>10. Transforaminal LIF (TLIF)</div></div></div>				
Description	<div><p>Lumbar interbody fusions (LIF) are surgical procedures that attempt to eliminate instability in the back by fusing two or more vertebrae using bone grafts and internal devices such as metal rods. Spine surgery is traditionally done as an open procedure, which results in a long incision through muscle layers to allow access to the affected area.</p><p>Shorter incision lengths (such as 4-6 inches) still allowing direct visualization have also gained widespread acceptance. Recently, approaches have been developed to access the surgical site by small routes through the skin and require image-guidance to visualize the surgical field.</p><p>Traditional approaches have been from the individual’s front midline (anterior) or back midline (posterior). Alternatives to the anterior approach are lateral access techniques through the individual’s side (XLIF, DLIF, OLIF). TLIF is an alternative to the posterior approach and involves entering the site between two spinal vertebrae close to where the nerves leave the spinal canal and enter the body.</p></div>				
See also	<div><p>Similar, related, or easily confused documents.</p><ul style="list-style-type: none"><li>• <a href="#">Spinal Fusion</a> - Permanently fusing two or more vertebrae.</li></ul></div>				
Table of Contents	<div><p>The following topics are included in this document:</p><ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li></ul></div>				
Document history	<div><p>The document history for the past 12 months is outlined below.</p><table><tr><th>Date</th><th>Description</th></tr><tr><td>4.29.24</td><td>Updated to new template.</td></tr></table></div>	Date	Description	4.29.24	Updated to new template.
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Commercial

**Introduction** This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

**Dean (DHP, Prevea360)** Coverage depends on the date of service.

DOS	Coverage
Prior to 10.1.24	<ul style="list-style-type: none"><li>Medical Policy, <i>Access Techniques for Lumbar Interbody Fusion (MP9652)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li><b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li></ul>
After 10.1.24	<ul style="list-style-type: none"><li><b>Requires prior authorization.</b></li><li>See <a href="#">Musculoskeletal Care (MSK) Prior Authorization</a> for details.<ul style="list-style-type: none"><li>Some providers and POS are excluded from PA.</li></ul></li><li>If approved, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li><b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li></ul>

**Mayo Medical Plan (MMP)** Medica’s Coverage Policy, *Access Techniques for Lumbar Interbody Fusion – Mayo Medical Plan Only*, applies.

**Tip:** For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Policy*.
  - Important:** Check policy for limits or exclusions.
- If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- Clinic POS:** Also quote office visit benefits when done in the clinic.

**Medica (including MHPS)** Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none"><li>Medica’s Coverage Policy, <i>Access Techniques for Lumbar Interbody Fusion</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li><b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li><b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li></ul>
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Date	Description
7.31.24	<i>Dean (DHP, Prevea360)</i> – Updated Carelon effective date.
5.3.24	<i>Mayo Medical Plan (MMP)</i> – Changed from depends on DOS to just CP; updated CP name to new title.
4.29.24	Updated to new template.

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote outpatient surgical or inpatient hospital benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>						
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Access Techniques for Lumbar Interbody Fusion</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient surgical or inpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul></td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Musculoskeletal Care (MSK) Prior Authorization</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote outpatient surgical or inpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul></td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none"><li>• Medica’s Coverage Policy, <i>Access Techniques for Lumbar Interbody Fusion</i>, applies.</li><li>• <b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient surgical or inpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul>	After 5.1.24	<ul style="list-style-type: none"><li>• <b>Requires prior authorization.</b></li><li>• See <a href="#">Musculoskeletal Care (MSK) Prior Authorization</a> for details.<ul style="list-style-type: none"><li>– Some providers and POS are excluded from PA.</li></ul></li><li>• If approved, quote outpatient surgical or inpatient hospital benefits.</li><li>• Medica is the only payer.</li></ul>
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Government Programs, Continued

Med Supp  
(Select,  
Signature)

Quote outpatient surgical or inpatient hospital benefits.

- Follows Medicare guidelines.
- Medicare supplement.
- Medicare is the primary payer.

Medicaid

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Document  
history

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Date	Description
4.29.24	Updated to new template.

Individual and Family Business (IFB)

**Introduction** This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
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Medica	Coverage depends on the date of service.	
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