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March 29, 2023

David E. Mino, MD, MBA
Senior Medical Director
Cigna Healthcare, Clinical Performance and Quality
National Medical Director, Orthopaedic Surgery and Spinal Disorders
150 S. Warner Ave, #310
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SUBJECT: Cigna Coverage Policy for Intraoperative Neurophysiologic Monitoring #0509

Dear Dr. Mino:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we would like to take this opportunity to communicate our disagreement with Cigna's decision to revise its coverage position on intraoperative neurophysiology monitoring (IONM) during cervical spine surgery. Cigna's policy states that IONM is not considered medically necessary during cervical spinal surgery, except in cases of vertebral or intraspinal tumor, traumatic spine/spinal cord injury with subluxation or dislocation, or surgery of the spinal cord.

In its proposal to define IONM as not medically necessary, Cigna cites our organizations' 2018 policy statement on IOMN as a foundation. However, in doing so, you have taken portions of this position paper out of context and misinterpreted our position.

The available literature clearly demonstrates as a Level 1 recommendation — supported by Class I and Class II studies, including randomized controlled trials — that IONM is reliable and accurate in assessing the integrity of the spinal cord during surgical intervention. IONM is a diagnostic tool meant to aid the surgeon in real-time decision-making during surgery to prevent surgical maneuvers that could cause a postoperative neurological deficit.

Cigna's updated policy cites our statement regarding the therapeutic role of IONM. Our policy correctly states that no class I or II evidence shows improved outcomes when IONM accurately predicts a neurological deficit, meaning that IONM does not have a therapeutic role. However, IONM is <u>not meant</u> to have a therapeutic role during surgery. Instead, it is a diagnostic tool to be used by the surgeon to prevent neurological deficits, just as intraoperative x-ray or image guidance is used to avoid wrong-level surgery or malposition of instrumentation.

IONM is meant to be used diagnostically, in real-time, by the surgeon to determine highly detailed nuances of spinal surgery. Examples include:

- Whether to proceed or stop with the reduction of a spinal deformity;
- Whether to further decompress a neural foramen; or
- Whether to drill the lamina rather than use a rongeur to decompress a highly stenotic cervical spine.

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While IONM in and of itself does not improve outcomes, when utilized intra-operatively, it provides highly valuable additional data points that can change the course of action during surgery to improve outcomes and prevent neurological injury.

A surgeon may determine that IONM is or is not needed during a given operation based on several variables. We strongly believe that it should be at the sole discretion of the surgeon as to when IONM is indicated. In addition to the indications carved out of Cigna's policy (i.e., intraspinal tumor, traumatic subluxation/dislocation or surgery of the spinal cord), there are several other indications for IONM in cervical spine surgery. These include:

- Reduction of cervical deformity through intraoperative treatments, such as traction and osteotomies,
- Pedicle screw or lateral mass screw instrumentation placement; and
- Decompression in the setting of cervical stenosis with myelopathy.

While IONM can be a service prone to surprise bills and increased patient financial responsibility, we believe that the costs incurred for IONM should be fair and reasonable based on community standards and disclosed to the patient before surgery when feasible.

As with any medical device, drug, technology or surgical treatment, there is the possibility that any given individual surgeon can overutilize IONM. However, we expect that the vast majority of surgeons utilize IONM for appropriate clinical indications based on the available medical evidence, guidelines, and position statements such as ours. While the impetus for this policy change is the perceived overutilization of IONM, we believe that the number of surgeons who would potentially act in bad faith is minuscule. Designating IONM as "not medically necessary" creates a significant barrier for many patients who would benefit from having surgery with appropriately indicated IONM to prevent a much smaller number of cases of poorly indicated IONM.

In summary, the AANS, the CNS and the AANS/CNS Joint Section on DSPN believe that this change in Cigna's policy which deems IONM not medically necessary in the setting of cervical spine surgery, except in the limited circumstances stated, is contrary to Level 1 recommendations supported by numerous Class I and II studies, as delineated in our updated position statement. The current interpretation and application of the AANS/CNS DSPN Position Statement in the Cigna policy is inaccurate and misstated. Our position statement makes it clear that the decision to utilize IONM should be at the sole discretion of the surgeon, who is best positioned to determine whether the use of IONM is indicated based on the clinical scenario, including the degree of pathology, the expected surgical intervention, and local standards of care. We respectfully request that the Cigna coverage determination team reexamine our position statement and more accurately represent the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves position statement. We believe that the correct interpretation of our statement will lead to continued coverage of IONM by Cigna.

We appreciate your consideration in this matter. We would be happy to participate in a conference call between the appropriate Cigna medical director(s) and the leadership of our organization to facilitate a discussion based on medical literature and applicable standards of care.

Sincerely,

Ann R. Stroink, MD, President
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Elad I. Levy, MD, President
Congress of Neurological Surgeons

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Reference:

1. American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), Updated Position Statement: Intraoperative Electrophysiological Monitoring. January 2018. Available at: https://spinesection.org/about/position-statements/interoperative-electrophysiological-monitoring/.