

## Spine COAP CRITERIA

For Collection Tool beginning on at the latest with 10-01-2021 discharges

Type	Initial Patient Population:	Inclusions	Exclusions
Cervical	<ul style="list-style-type: none"> <li>▪ Patients aged 18 and over</li> <li>▪ Elective Surgery</li> <li>▪ Spine procedure type noted as cervical using varied codes (for those w/access to codes)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Corpectomy</li> <li>▪ Disc Arthroplasty</li> <li>▪ Discectomy / Microdiscectomy</li> <li>▪ Fusion (instrumented or non-instrumented)</li> <li>▪ Laminectomy/hemilaminectomy/laminotomy</li> <li>▪ Foraminotomy</li> <li>▪ Laminoplasty</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patients under age 18</li> <li>▪ Exclude all ASA grade of “E” (found in EHR next to the ASA class)</li> <li>▪ Procedures involving six or more levels (<i>see diagram on next page</i>)</li> <li>▪ History of spinal traumatic fracture* or spinal infection within the 12 months prior to procedure</li> <li>▪ History of high-velocity trauma within the 12 months prior to procedure</li> <li>▪ Ground-level fall within the 3 months prior to procedure</li> <li>▪ Procedures done for the diagnosis of tumor (including revision surgery)</li> </ul>
Thoracic	<ul style="list-style-type: none"> <li>▪</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not Applicable</li> </ul>	<ul style="list-style-type: none"> <li>▪ Procedures which are primarily or purely thoracic are excluded at this time (most thoracic surgeries are trauma related).</li> </ul>
Lumbar	<ul style="list-style-type: none"> <li>▪ Patients aged 18 and over</li> <li>▪ Elective Surgery</li> <li>▪ Spine procedure type noted as lumbar using varied codes (for those w/access to codes)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Disc Arthroplasty</li> <li>▪ Discectomy / Microdiscectomy</li> <li>▪ Fusion (instrumented or non-instrumented)</li> <li>▪ Laminectomy/hemilaminectomy/laminotomy</li> <li>▪ Laminectomy with greater than 50% facetectomy and/or pars resection</li> <li>▪ Foraminotomy</li> <li>▪ Spinous Process Distraction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patients under age 18</li> <li>▪ Exclude all ASA grade of “E” (found in EHR next to the ASA class)</li> <li>▪ Procedures involving six or more levels (<i>see diagram on next page</i>)</li> <li>▪ History of spinal traumatic fracture* or spinal infection within the 12 months prior to procedure</li> <li>▪ History of high-velocity trauma within the 12 months prior to procedure</li> <li>▪ Ground-level fall within the 3 months prior to procedure</li> <li>▪ Procedures done for the diagnosis of tumor (including revision surgery)</li> </ul>

Note: When choosing cases for inclusion, if involved, thoracic levels must be less than or equal to the cervical or lumbar levels, e.g., C4-T1 would be included if all other criteria met, whereas C6-T3 would not be.

\* Patients with a traumatic or fragility fracture at the non-operative level are still included in Spine COAP. Example: Patient with T10 osteoporotic compression fracture who is undergoing a procedure for lumbar stenosis at L3-4 would be suitable for inclusion. A patient who is having a surgical procedure for an L3 compression fracture in the past 12 months would be excluded.

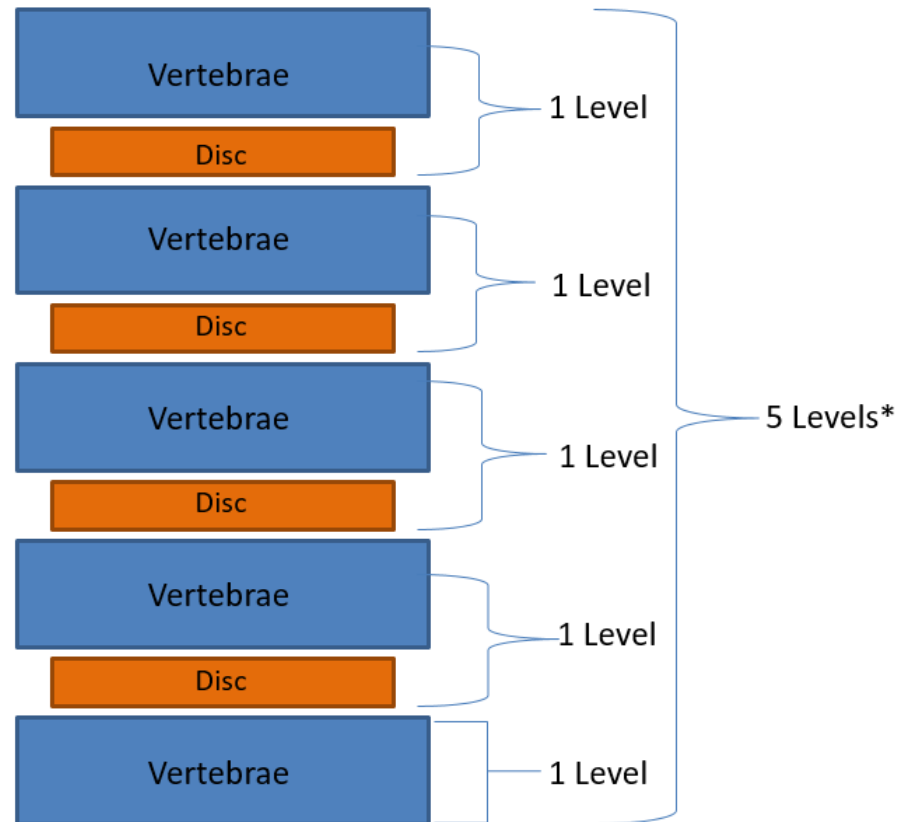
## Definition of Levels:

1 Level

= 1 vertebrae

= 1 vertebrae + disc

= 1 disc alone (e.g. L<sub>1-2</sub> or L<sub>5</sub>-S<sub>1</sub>)



\* Note: Only procedures of five levels or fewer are Spine COAP eligible

EXAMPLE 1: L4-5 Discectomy is counted as one level (L4-5 disc only). L4-5 Discectomy and fusion is counted as two levels (L4 vertebrae + L4-5 disc as the first level AND L5 vertebrae as the second level).

EXAMPLE 2: When assessing multiple levels, the most rostral and caudal spine levels should be counted (including levels not part of procedure). For instance, a patient with L2-3 and L4-5 fusion (skipping L3-4) is counted as equivalent as L2-5 fusion for purposes of inclusion, with both instances being 4-level surgery.