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Contact

Milan Reed, MS
Manager, Communications
(202) 446-2028
mreed@neurosurgery.org

ICYMI: Spine Surgery Leaders Call for Immediate End to Denial of Standard-of-Care Implants in Cervical Fusion

Washington, DC – The American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS), joined other leading national spine organizations in calling for an immediate end to clinically unfounded insurance denials of essential medical implants used in common cervical fusion procedures. The [multi-society position statement](#), led by the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves, urges payers to align coverage policies with evidence-based practice and preserve physician-patient decision-making in spinal surgery.

Interbody biomechanical devices, billed under CPT code 22853, have been used routinely in cervical fusion surgery for more than two decades to restore spinal alignment, maintain stability, and promote fusion after neural decompression. Despite extensive peer-reviewed evidence and broad professional consensus supporting their use, some payer policies continue to classify these implants as experimental or not medically necessary.

“Interbody biomechanical devices have been a standard part of cervical fusion procedures for decades, supported by robust clinical evidence. Policies that continue to deny coverage are out of step with modern medicine,” said **E. Sander Connolly, Jr., M.D.**, President of the AANS. “We strongly urge payers to align their policies with clinical reality and the broad consensus that decisions about spinal implants should be made by physicians and their patients—not restricted by outdated coverage policies.”

Highlighting the importance of evidence-based access, **Martina Stippler, M.D.**, President of the CNS, noted that when payers classify these implants as experimental, they are ignoring decades of surgical success. “The Congress of Neurological Surgeons stands firmly with all spine surgeons: patients deserve access to the full range of clinically proven tools, and insurers must align their coverage policies with the reality of modern surgical care,” she stated.

Emphasizing the necessity of surgeon-patient autonomy, **Luis Manuel Tumialán, M.D.**, Chair of the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves, argued that these denials interfere with the fundamental right to medical decision-making. “The decision about what goes into a patient’s body belongs to the patient and the surgeon—full stop. When a payer denies access to a standard of care that has existed for a quarter century, they are practicing medicine without a license. Universal agreement among all major societies should give commercial payers pause,” he said.

To learn more about the position statement and see the additional participating organizations, [click here](#).

The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent over 10,000 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit www.aans.org, www.cns.org and www.neurosurgery.org.