

Medical Coverage Policy | Interspinous and Interlaminar Stabilization/Distraction Devices (Spacers)



EFFECTIVE DATE: 03|01|2018

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OVERVIEW

Interspinous and interlaminar implants (spacers) stabilize or distract the adjacent lamina and/or spinous processes and restrict extension to reduce pain in patients with lumbar spinal stenosis and neurogenic claudication. Interspinous spacers are small devices implanted between the vertebral spinous processes. After implantation, the device is opened or expanded to distract (open) the neural foramen and decompress the nerves. Interlaminar spacers are implanted midline between adjacent lamina and spinous processes to provide dynamic stabilization either following decompressive surgery or as an alternative to decompressive surgery.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

BlueCHiP for Medicare and Commercial Products

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Interspinous distraction devices as a treatment of neurogenic intermittent claudication and use of an interlaminar stabilization device following decompressive surgery are not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Removal for medical reasons (device failure, infection, etc.) is covered for all members. However, insertion of a replacement device after removal is not covered.

Commercial Products

Interspinous distraction devices as a treatment of neurogenic intermittent claudication and use of an interlaminar stabilization device following decompressive surgery are considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

Removal for medical reasons (device failure, infection, etc.) is covered for all members. However, insertion of a replacement device after removal is not medically necessary.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

BACKGROUND

Interspinous spacers are devices implanted between vertebral spinous processes. Interlaminar spacers are implanted between adjacent lamina and have 2 sets of wings placed around the inferior and superior spinous processes. These implants aim to restrict painful motion while otherwise enabling normal motion. The devices (spacers) distract the lamina space and/or spinous processes and restrict extension. This procedure theoretically enlarges the neural foramen and decompresses the cauda equina in patients with spinal stenosis

and neurogenic claudication. Other types of dynamic posterior stabilization devices are pedicle screw/rod-based devices and total facet replacement systems; these are not covered in this policy.

One type of interspinous implant is inserted between the spinous processes through a small (4-8 cm) incision and acts as a spacer between the spinous processes, maintaining the flexion of that spinal interspace. The supraspinous ligament is maintained and assists in holding the implant in place. The surgery does not include any laminotomy, laminectomy, or foraminotomy at the time of insertion, thus reducing the risk of epidural scarring and cerebrospinal fluid leakage. Other interspinous spacers require removal of the interspinous ligament and are secured around the upper and lower spinous processes. Interlaminar implants are inserted between the adjacent lamina and spinous processes. These may be referred to as interlaminar implants or an interspinous U.

The evidence for an interspinous or interlaminar spacer as a stand-alone procedure in individuals who have spinal stenosis and for interlaminar spacers in individuals who have spinal decompression surgery for spinal stenosis is insufficient to determine the effects of the technology on health outcomes. Therefore, the devices are considered not medically necessary.

CODING

The following CPT codes are not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products:

22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)

22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

22870 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)

There is no specific CPT code for the removal of interlaminar/interspinous process stabilization/distraction devices, therefore, an appropriate Unlisted CPT code should be used.

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, February 2019

Provider Update, January 2018

Provider Update, January 2017

Provider Update, June 2015

Provider Update, March 2013

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