Medical Coverage Policy | Artificial Intervertebral Disc Insertion

EFFECTIVE DATE: 06|01|2015
POLICY LAST UPDATED: 05|19|2015

OVERVIEW
Artificial intervertebral discs, also referred to total disc replacement or spinal arthroplasty, are proposed as an alternative to fusion in patients with persistent and disabling back pain.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
Artificial intervertebral disc replacement for the cervical or lumbar spine is considered not medically necessary due to the lack of peer-reviewed medical literature demonstrating the long-term effectiveness of artificial intervertebral discs.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

BACKGROUND
When conservative treatment of degenerative disc disease fails, a common surgical approach is spinal fusion. Over 200,000 spinal fusions are performed each year. However, the outcomes of spinal fusion have been controversial over the years, in part due to the difficulty in determining whether a patient's back pain is related to degenerative disc disease and in part due to the success of the procedure itself. In addition, spinal fusion alters the biomechanics of the back, potentially leading to premature disc degeneration at adjacent levels, a particular concern for younger patients. As an alternative to fusion, a variety of artificial intervertebral discs have been investigated over the past 30 years. This approach, also referred to as total disc replacement or spinal arthroplasty, is intended to maintain motion at the operative level once the damaged disc has been removed, and to maintain the normal biomechanics of the adjacent vertebrae.

The devices use two metal end plates that are pressed to fit into adjacent vertebrae and a central free component. This central component is held into place by the surrounding normal soft tissues (such as ligaments and the disc annulus), and shifts dynamically within the disc space during spinal motion. These devices are designed to restore disc height and normal physiologic motion.

Evidence to date has not shown a beneficial effect of any cervical disc product on the development of adjacent level disease, whereas long-term complication rates with artificial discs remain unknown. Further, as concluded in the TEC Assessments, given the natural history of the disease, longer-term results are needed, in particular to assess any effect of the device on adjacent-level disc degeneration, device durability, adverse events, and revisability.

CODING

BlueCHiP for Medicare and Commercial Products

The following services are considered **not medically necessary** and are not covered for all BCBSRI products:

0092T (Code discontinued 12/31/2014)
0375T (New code effective 1/1/2015)
22856 **22858** (New code effective 1/1/2015)
22857 **0163T**
22861 **0098T**
22862 **0165T**

RELATED POLICIES

Preauthorization via Web-based tool for Procedures
Removal of Not Medically Necessary Implanted Devices

PUBLISHED

Provider Update, July 2015
Provider Update, August 2013
Provider Update, January 2013
Provider Update, February 2012
Provider Update, December 2010
Provider Update, December 2009

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS); Decision Memo for Lumbar Artificial Disc Replacement (LADR) (CAG-00292R); August 14, 2007.

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