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
Spinous distraction devices are covered for treatment of patients aged 50 or older suffering from neurogenic intermittent claudication secondary to a confirmed diagnosis of lumbar spinal stenosis.

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 due to insufficient published peer-reviewed medical literature demonstrating efficacy of the services.

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

Note: Blue Cross & Blue Shield of Rhode Island (BCBSRI) must follow Centers for Medicare and Medicaid Services (CMS) guidelines, such as national coverage determinations or local coverage determinations for all BlueCHiP for Medicare policies. Therefore, BlueCHiP for Medicare policies may differ from Commercial products. In some instances, benefits for BlueCHiP for Medicare may be greater than what is allowed by the CMS.

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

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.
processes. These implants aim to restrict painful motion while otherwise enabling normal motion. The devices (spacers) distract the laminar 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 codes are considered not medically necessary for Commercial products and are medically necessary for BlueCHiP for Medicare when filed with ICD-10 code M48.06.

- 22867 (New code effective 1/1/2017)
- 22868 (New code effective 1/1/2017)
- 22869 (New code effective 1/1/2017)
- 22870 (New code effective 1/1/2017)

**RELATED POLICIES**
Not applicable

**PUBLISHED**
Provider Update, January 2017
Provider Update, June 2015
Provider Update, March 2013
Provider Update, March 2012
Provider Update, February 2010
Provider Update, October 2008

**REFERENCES**