

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Interspinous Distraction Devices

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	8/17/2006	Policy Last Updated:	1/8/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

The lumbar spine is the lower back and contains five vertebrae which occupy the space between the bottom of the ribs and the pelvis. Lumbar spinal stenosis is the narrowing of the spinal canal in the lower back. Narrowing of the canal can put pressure on the nerves that control muscle movement and sensation in the legs. This pressure can cause the nerves to become inflamed and cause pain in the back, buttocks, or legs. In rare cases, it may cause loss of movement in the legs, or loss of normal bowel or bladder function.

Nonsurgical treatment usually consists of anti-inflammatory medications to reduce swelling and analgesics for pain. Epidural cortisone injections may be used to reduce swelling and treat pain, however this usually provides only temporary relief. Physical therapy may help stabilize the spine and increase flexibility. A lumbar brace or corset may be used to provide support and help regain mobility.

Surgical treatment options include decompressive surgery (e.g., laminectomy) with or without fusion, and fusion with or without instrumentation. Interspinous distraction has been developed as a less invasive approach to standard surgical treatments. X-STOP® interspinous process decompression system is an implant made of a titanium alloy. The implant is inserted through a small incision and placed between two spinous processes. The X-STOP® is designed to limit movement of the lumbar spine and open the canal in the lower spine through which the nerves to the legs pass.

Treatment with an interspinous distraction device is typically covered for **BlueCHIP for Medicare** patients who are aged 50 or older suffering from neurogenic intermittent claudication (pain or cramping in the legs) secondary to a confirmed diagnosis of lumbar spinal stenosis (with X-Ray, MRI, and/or CT evidence of thickened ligamentum flavum, narrowed lateral recess, and/or central canal narrowing); and with moderately impaired physical function who experience relief in flexion from their symptoms of leg/buttock/groin pain, with or without back pain; and have undergone a regimen of at least 6 months of nonoperative treatment.

The interspinous distraction device may be implanted at one or two lumbar levels in patients in whom operative treatment is indicated at no more than two levels.

Medical Criteria:

Not applicable.

Policy:

Interspinous distraction devices are considered **medically necessary for BlueCHiP for Medicare*** members only, and are considered **not medically necessary for all other BCBSRI products** as there is insufficient published peer-reviewed medical literature to support long-term effectiveness compared to standard surgical treatment.

*** NOTE:**

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations, and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature that demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ, however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offer more benefits than does Medicare).

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

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable Surgery and Not Medically Necessary coverage.

Coding:

0171T

0172T

Also known as:

X-STOP®

interspinous distraction

Related topics:

None

Published:

Policy Update, Feb 2008

Provider Update, Oct 2008

Provider Update, Feb 2010

Provider Update, February 2010

Provider Update, March 2012

Provider Update, March 2013

References:

BlueCross BlueShield Association Medical Policy Reference Manual Policy # 7.01.107
Interspinous Distraction Devices (Spacers).

Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for
Interspinous Process Decompression (L29204).

Review History:

01/08/2013: Annual review of policy.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.