Sentara® Health Plans

Medicare

Coccygectomy, Surgical 114

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Effective Date	10/1/2025
Next Review Date	7/2026
Coverage Policy	Surgical 114
Version	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Description & Definitions:

Coccygectomy is the surgical removal of the tailbone.

Criteria:

Coccygectomy is considered medically necessary for **ALL** of the following:

- Intractable coccydynia
- Failure of 6 months of conservative therapy including physical therapy, medications (NSAIDS etc.)

There is insufficient scientific evidence to support the medical necessity of Coccygectomy for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2022: July
- 2021: September
- 2020: August
- 2016: April
- 2015: February, May, September
- 2014: January, June, August, November
- 2013: May, June
- 2012: February, May

Reviewed Dates:

- 2025: July – Implementation date of October 1, 2025. No changes references updated.
- 2024: July - Annual review completed. No changes. References and coding updated.
- 2023: July
- 2019: April
- 2018: November
- 2017: December
- 2016: May
- 2014: May

- 2011: June, November

Origination Date: May 2011

Coding:

Medically necessary with criteria:

Coding	Description
27080	Coccygectomy, primary

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
  - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Medicare Search - MCD Search

References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Coccygectomy, SHP Surgical 114, Intractable coccydynia, tailbone, surgical removal