

## Coccygectomy, Surgical 114

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<u>Effective Date</u>	5/2011
<u>Next Review Date</u>	7/2025
<u>Coverage Policy</u>	Surgical 114
<u>Version</u>	4

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

### Purpose:

This policy addresses the medical necessity for Coccygectomy.

### 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.)

**Coccygectomy** is considered **not medically necessary** for uses other than those listed in the clinical criteria.

### Coding:

Medically necessary with criteria:

Coding	Description
27080	Coccygectomy, primary

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## 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:

- 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

### Effective Date:

- May 2011

## References:

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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### Special Notes: \*

This medical policy expresses Sentara Health Plan's determination of medical 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.

### Keywords:

Coccygectomy, SHP Surgical 114, Intractable coccydynia, tailbone