Sentara® Health Plans

Commercial

Coccygectomy, Surgical 114

Table of Content

Effective Date	5/2011
Next Review Date	7/2025
Coverage Policy	Surgical 114
Version	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 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 any use other than those indicated in 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).

(2023, Sep 21). Retrieved Jun 04, 2024, from MCG: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Jun 04, 2024, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/no-search-results-found/

(2024). Retrieved Jun 04, 2024, from Department of Medical Assistance Services - MES Public Portal: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=%20coccygectomy&gsc.sort=

Foye, P. (2021, Dec 07). Coccydynia (coccygodynia). Retrieved Jun 04, 2024, from UpToDate: https://www.uptodate.com/contents/coccydynia-coccygodynia?search=coccydynia&source=search_result&selectedTitle=1%7E14&usage_type=default&display_rank=1#H107852724

Ganglion Impar Block or Radiofrequency Thermocoagulation for Treatment of Chronic Coccydynia. (2023, Jul 26). Retrieved Jun 03, 2024, from Hayes - a symplr company: https://evidence.hayesinc.com/report/htb.ganglionblock4499

Moutvic, M. (2023, Apr 01). Tailbone pain: How can I relieve it? Retrieved Jun 04, 2024, from Mayo Clinic: https://www.mayoclinic.org/diseases-conditions/back-pain/expert-answers/tailbone-pain/faq-20058211

(2024). Retrieved Jun 04, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=COCCYGECTOMY&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all

Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Coccygectomy, SHP Surgical 114, Intractable coccydynia, tailbone