

Coccygectomy, Surgical 114

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<u>Effective Date</u>	10/1/2025
<u>Next Review Date</u>	7/2026
<u>Coverage Policy</u>	Surgical 114
<u>Version</u>	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

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

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 5 2025, from CMS: <https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&kq=true>

28th Edition. (2025). Retrieved 5 2025, from MCG: <https://careweb.careguidelines.com/ed28/>

(2025). Retrieved 5 2025, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522%2522Coccygectomy%2522,%2522title%2522%2522null,%2522termsource%2522%2522searchbar%2522,%2522page%2522%2522%257B%2522page%2522%2522%2522:0,%2522size%2522%252250%257D,%2522type%2522%2522all%2522,%2522sources%2522%2522%255>

(2025). Retrieved 5 2025, from Carelon: <https://guidelines.carelonmedicalbenefitsmanagement.com/>

Coccydynia (coccygodynia). (2024, 7). Retrieved 5 2025, from UpToDate:

https://www.uptodate.com/contents/coccydynia-coccygodynia?search=coccygectomy&source=search_result&selectedTitle=1~2&usage_type=default&display_rank=1

Provider Manuals. (2025). Retrieved 5 2025, from DMAS: <https://www.dmas.virginia.gov/for-providers/>

Coccygectomy. (2016, 10). Retrieved 5 2025, from North American Spine Society (NASS):

<https://www.spine.org/Product-Details?productid=%7B80E95539-AF81-E611-851E-005056AF031E%7D>

Keywords:

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