

# Artificial Disc Replacement and Treatment

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<u>Coverage Policy</u>	Surgical 35
<u>Version</u>	3

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

## Purpose:

This policy addresses the medical necessity of artificial disc is replacements of the spine.

## Description & Definitions:

An **artificial disc replacement** is a device that can be inserted into the spine. Artificial disc can also be called a disc prosthetic or disc arthroplasty device.

## Criteria:

Artificial disc replacement is considered medically necessary for **1 or more** of the following:

- Cervical artificial intervertebral disc placement may be considered medically necessary with **All** of the following:
  - Device being used is FDA approved (including, but not limited to: Bryan Cervical Disc, M6-C Artificial Cervical Disc, MOBI-C, the Prestige Cervical Disc, ProDisc-C Total Disc Replacement, Secure-C Artificial Cervical Disc)
  - Individual is skeletally mature
  - Individual has **1 or more** of the following:
    - Cervical degenerative disc disease or disc herniation at 1 to 2 contiguous levels from C3 to C7 causing debilitating, intractable cervical radicular pain or myelopathy (weakness, sensory deficit, reflex change, gait disturbance, sphincter disturbance) associated with the cervical level to be treated and refractory to at least 6 weeks of conservative treatment (e.g. analgesics, neuropathic medications, physical therapy)
    - Nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment
- Cervical artificial intervertebral disc placement at a second contiguous level simultaneously for **All** of the following:
  - Individual is skeletally mature
  - Individual has **1 or more** of the following:
    - Cervical degenerative disc disease or disc herniation at 1 to 2 contiguous levels from C3 to C7 causing debilitating, intractable cervical radicular pain or myelopathy (weakness, sensory deficit, reflex change, gait disturbance, sphincter disturbance) associated with the cervical level to be treated and refractory to at least 6 weeks of conservative treatment (e.g. analgesics, neuropathic medications, physical therapy)

- Nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment
  - The device being used is FDA-approved for 2 levels (i.e., Mobi-C, Prestige LP)
- Subsequent cervical artificial intervertebral disc placement at an adjacent level with **All** of the following:
  - Individual is skeletally mature
  - Individual has **1 or more** of the following:
    - Cervical degenerative disc disease or disc herniation at 1 to 2 contiguous levels from C3 to C7 causing debilitating, intractable cervical radicular pain or myelopathy (weakness, sensory deficit, reflex change, gait disturbance, sphincter disturbance) associated with the cervical level to be treated and refractory to at least 6 weeks of conservative treatment (e.g. analgesics, neuropathic medications, physical therapy)
    - Nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment
  - The device being used is FDA-approved for 2 levels
  - The initial artificial disc placement has fully healed
  - The planned subsequent procedure is at a different cervical level than the initial artificial disc placement
- Lumbar artificial intervertebral disc placement with **All** of the following:
  - Device being used is FDA approved
  - Individual is skeletally mature
  - Individual has **1 or more** of the following:
    - Single level lumbar degenerative disc disease from L3 to S1 causing debilitating, intractable low back pain associated with the lumbar level to be treated and refractory to at least 6 months of conservative treatment (e.g. analgesics, physical therapy, exercise, lifestyle modification, muscle relaxers, epidural steroid injections)
    - Revision of lumbar artificial intervertebral disc maybe considered medically necessary if imaging (x-ray, CT scan, MRI) shows failure of the implanted device (e.g., loosening, dislodgement, fracture, infection).

**Artificial intervertebral disc placement** is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Hybrid fusion with artificial disc replacement
- Absence of neck and/or arm pain
- Active infection or malignancy
- Auto-immune disease (Rheumatoid arthritis, Ankylosing Spondylitis)
- Facet joint disease/degeneration which is moderate to severe
- Had a previous fusion surgery at any other spinal level
- Had a prior surgery at the requested spinal level
- Metabolic bone disease (e.g., osteoporosis, osteopenia, osteomalacia, Paget's disease)
- Neck or arm pain of unknown etiology
- Progressive neurological deficit or deterioration
- Scoliosis
- Spinal fracture
- Spinal instability (spondylolisthesis of Grade 2 or greater in the lumbar spine and >11 degree angular or >3.5 mm subluxation in the cervical spine) is noted on lateral or flexion/extension x-rays
- Request is for combined artificial disc placement and fusion
- Request is for disc placement at more than two levels in the cervical spine and more than one level in the lumbar spine
- Lumbar and cervical partial disc prosthetics (e.g., Nubac, DASCOR Disc Arthroplasty System)

## Coding:

Medically necessary with criteria:

Surgical 35

Coding	Description
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical)
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)

#### Considered Not Medically Necessary:

Coding	Description
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

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

#### Document History:

##### Revised Dates:

- 2022: July
- 2020: August (Unarchived)
- 2016: April
- 2015: February, May, September
- 2014: January, April, June (Archived and added to Surgical 78), August, November
- 2012: January
- 2011: May, June

##### Reviewed Dates:



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Spine Surgery. (2023, Jan 01). Retrieved Aug 01, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/spine-surgery-2023-01-01/>

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### 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:

Artificial Disc Replacement and Treatment, Surgical 35, Cervical artificial intervertebral disc, Bryan Cervical Disc, M6-C Artificial Cervical Disc, MOBI-C, the Prestige Cervical Disc, ProDisc-C Total Disc Replacement, Secure-C Artificial Cervical Disc, Cervical degenerative disc disease, Nerve root compression, spinal cord compression, Lumbar artificial intervertebral disc placement