

Lumbar Disc Arthroplasty

Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

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<u>Coverage Policy</u>	Surgical 124
<u>Version</u>	2

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 of Lumbar Disc Arthroplasty of the spine.

Description & Definitions:

Lumbar Disc Arthroplasty is a surgery that involves replacement of worn or degenerated disk in the lower part of the spine with an artificial disk, made of metal or a combination of plastic and metal.

Criteria:

Lumbar disc arthroplasty is considered medically necessary when **ALL** of the following criteria are met:

- Individual is between the age of 18 and 60 years
- Axial pain determined to be of discogenic origin is the primary complaint
- At least 6 months of symptoms which have not responded to a multifaceted program of conservative management.
- MRI and plain radiographs demonstrating moderate to severe degeneration of the disc with Modic changes (peridiscal bone signal above and below the disc space in question) with presence of single or dual (when using 2-level FDA-approved implant) level, advanced disc disease at L3-L4, L4-L5, or L5-S1.
- Individual reports moderate pain and disability ideally documented by a visual analog scale (VAS) pain score of 40 or higher (out of 100, or 4 out of 10) and individual has functional limitation of one or more IADL
- Any individual with underlying psychiatric disorder, such as depression, should be diagnosed and the management optimized prior to surgical intervention
- Absence of symptomatic degenerative disc disease at all other lumbar levels, as documented by normal X-rays, and MRI confirms no abnormalities or mild degenerative changes
- Implant device is FDA-approved

Lumbar Disc Arthroplasty is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Disc replacement at more than one spinal level (unless FDA approved for more than one level, e.g., prodisc® L Total Disc Replacement)

- Individual has history of prior lumbar fusion
- Individual with isolated radicular compression syndromes, especially due to disc herniation
- Hybrid lumbar total disc arthroplasty/lumbar fusion (lumbar total disc arthroplasty at one level at the same time as lumbar fusion at a different level)
- Arthroplasty using devices that are not FDA approved, or use of an FDA approved device in a manner not intended by FDA requirements.
- Individual requires significant facet arthropathy at the index level
- Depending on FDA-approved levels of diseases above L3-L4 or L4-L5
- Bony lumbar spinal stenosis
- Pars defect
- Prior fusion at intended level
- Individual with poorly managed psychiatric disorder
- Chronic radiculopathy (unceasing pain with leg pain symptoms greater than back pain symptoms for a minimum of one year)
- Clinically compromised vertebral bodies at affected level due to current or past trauma
- Lytic spondylolisthesis or degenerative spondylolisthesis of grade greater than 1
- Individual with allergy or sensitivity to implant materials (cobalt, chromium, molybdenum, polyethylene, titanium)
- Presence of infection or tumor
- Osteopenia or osteoporosis (defined as DEXA bone density measured T-score less than or equal to -1.0)

Coding:

Medically necessary with criteria:

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)
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)
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar

Considered Not Medically Necessary:

Coding	Description
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	None
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U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: October

Reviewed Dates:

Effective Date:

- July 2023

References:

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

(2023). Retrieved Sept 26, 2023, from North American Spine Society (NASS): <https://www.spine.org/>

(2023). Retrieved Sept 27, 2023, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522lumbar%2520disc%2520arthroplasty%2520%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522>

Artificial Disk Replacement in the Lumbar Spine. (2023). Retrieved Sept 27, 2023, from American Academy of Orthopaedic Surgeons (AAOS): <https://orthoinfo.aaos.org/en/treatment/artificial-disk-replacement-in-the-lumbar-spine/>

Artificial Lumbar Disc Surgery. (2023). Retrieved Sept 27, 2023, from American Association of Neurological Surgeons: <https://www.aans.org/en/Patients/Neurosurgical-Conditions-and-Treatments/Artificial-Lumbar-Disc>

Local Coverage Determination (LCD) Lumbar Artificial Disc Replacement. (2021, Jun 17). Retrieved Sept 27, 2023, from CMS LCD: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37826&ver=21>

Procedure Fee Files & CPT Codes. (2023). Retrieved Sept 2023, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/> & <https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/>

Spine Surgery. (2023-09-10). Retrieved Sept 27, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/spine-surgery-2023-09-10/?highlight=LAMINECTOMY&hilitte=LAMINECTOMY>

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:

Lumbar Disc Arthroplasty, SHP Surgical 124, Facet joint implantation, Total Posterior-element System, TOPS, Premia Spine, Total Facet Arthroplasty System, TFAS, Archus Orthopedics, ACADIA Facet Replacement System, Facet Solutions, Globus Medical