



**Subject:** Intervertebral Disc Prostheses\*

**Effective Date:** July 26, 2005

**Department(s):** Utilization Management

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**Policy:** Implantation of intervertebral disc prostheses is reimbursable under Plans administered by QualCare, Inc.

**Objective:** To provide proper and consistent reimbursement; and to identify a service that is covered.

**Procedure:**

A. Cervical spine intervertebral disc prosthesis-surgical implantation of an FDA-approved cervical disc prosthesis at one level or two contiguous levels ( **CPT 22856, 22858**) is reimbursable when ALL of the following criteria are met:

1. Imaging by CT, MRI or X-ray shows single or two contiguous level disc generation as a herniated nucleus pulposus, spondylosis(osteophytes) or visible loss of disc height compared to adjacent levels.
2. The planned implant will be used in the reconstruction of a cervical disc at C3-C7, following single-level or two-level discectomy.
3. The individual is a candidate for single-level or two-level anterior cervical decompression and interbody fusion.(see medical policy on spine fusion)
4. EITHER of the following:

- Unremitting cervical radiculopathy and or myelopathy ( i.e. neck and arm pain) resulting in disability and/or neurological deficit that are refractory to at least six weeks of standard conservative non-operative management(may include reduced activities, analgesics, exercise, physical therapy) OR
- Demonstrated **progressive** signs/symptoms of nerve root and/or spinal cord compression despite nonoperative treatment prior to implantation that requires immediate/urgent surgical treatment.

B. Lumbar intervertebral disc prosthesis- surgical implantation of an FDA-approved lumbar disc prosthesis at a single level for degenerative disc disease( **CPT 22857**) is reimbursable when ALL of the following criteria are met:

1. Unremitting low back pain and significant functional impairment is refractory to at least six consecutive months of structured( with evidence of regularly scheduled follow-up appointments), physician supervised conservative medical management, which includes ALL of the following components-
  - Exercise, including core stabilization exercises
  - Nonsteroidal and/or steroidal medication( unless contraindicated)
  - Physical therapy, including passive and active treatment modalities
  - Activity and lifestyle modification
2. Single-level disc degeneration has been confirmed on imaging (i.e., computerized

tomography [CT] scan, magnetic resonance imaging [MRI]).

3. The implant will be inserted at an FDA approved lumbar/sacral level specific to the implant being used.

C. Revision of total disc arthroplasty (**22861, 22862; 0165T**) and removal of an implanted disc prosthesis (**22864, 22865; 0164T**) are reimbursable.

D. The following uses of cervical intervertebral disc prostheses are NOT reimbursable as they are considered experimental, investigational or unproven( not an all-inclusive list)-

- Combined use of a prosthesis and spinal fusion (hybrid surgery)
- Implantation is planned at >2 diseased levels or two non-contiguous levels ( **CPT 0375T**)
- There is prior fusion at an adjacent cervical level
- Prior surgery at the level to be treated
- Osteopenia, osteomalacia, or osteoporosis (e.g., T-score of -3.5, or -2.5, with associated compression fracture) is present
- Absence of neck or arm pain
- Rheumatoid arthritis or other autoimmune disease
- Paget's disease, osteomalacia or any other metabolic bone disease
- Radiologic evidence of any of the following-
  - clinically significant cervical instability, such as kyphotic deformity or spondylolisthesis (e.g., > 3.5 mm subluxation or > 11 degrees angulation)
  - significant cervical anatomical deformity or compromised vertebral bodies at the index level (e.g.,

ankylosing spondylitis, rheumatoid arthritis, or compromise due to current or past trauma)

- multilevel degenerative disc
- spinal metastases

E. The following uses of lumbar intervertebral disc prostheses are NOT reimbursable as they are considered experimental, investigational or unproven ( not an all-inclusive list)-

- Combined use of a prosthesis and spinal fusion (hybrid surgery)
- Simultaneous implantation at more than one lumbar level( **CPT 0163T** )
- The implant will be inserted outside of the recommended lumbar/sacral level for the specific implant being used.
- Osteopenia or osteoporosis (T-score < -1.0) is present.
- There is a prior lumbar fusion present
- Evidence on imaging of ANY of the following-
  - Degenerative spondylolisthesis of Grade 2 or greater
  - Multilevel degenerative disc disease
  - Nerve root compression or spinal stenosis
  - Pars interarticularis defect with either spondylolysis or isthmic spondylolisthesis
  - Scoliosis
  - Severe facet joint arthrosis
  - Spinal fracture

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.