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| MEDICAL POLICY | Back: Artificial Intervertebral Discs (Medicare Only) | |
| Effective Date: 7/1/2020  <div style="text-align: right;">7/1/2020</div> | Section: SUR | Policy No: 449 |
| | Medical Policy Committee Approved Date: 5/2020; 7/2020 | |
| Medical Officer | Date | |

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

| Service | Medicare Guidelines |
|---|---|
| <i>Lumbar Artificial Disc Replacement</i> | National Coverage Determination (NCD) for Lumbar Artificial Disc Replacement (LADR) (150.10) ¹ |

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Back: Artificial Intervertebral Discs (All Lines of Business Except Medicare)**, applies to the following services:*

- Cervical artificial disc replacement
- Cervical hybrid procedures (cervical fusion with cervical artificial intervertebral disc implantation)
- Lumbar hybrid procedures (lumbar fusion with lumbar artificial intervertebral disc implantation)

CPT/HCPCS CODES

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| Medicare Only | |
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| Prior Authorization Required | |
| 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy 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 osteophyctomy 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) |
| 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) |
| Not Covered | |
| 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) |
| 0375T | TERMED 12/31/19 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels |

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed

annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

REFERENCES

1. Centers for Medicare & Medicaid. National Coverage Determination (NCD) for Lumbar Artificial Disc Replacement (LADR) (150.10). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=313>. Published 2017. Accessed 3/25/2020.