



MASSACHUSETTS

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## Medical Policy

### Artificial Intervertebral Disc: Lumbar Spine

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#### Policy Number: 592

BCBSA Reference Number: 7.01.87

NCD/LCD: National Coverage Determination (NCD) for Lumbar Artificial Disc Replacement (LADR) (150.10)

#### Related Policies

- Artificial Intervertebral Disc: Cervical Spine, #[585](#)

#### Policy

##### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Artificial intervertebral discs of the lumbar spine are considered [INVESTIGATIONAL](#).

##### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Medical necessity criteria and coding guidance can be found through the link(s) below.

##### [National Coverage Determinations \(NCDs\)](#)

National Coverage Determination (NCD) for Lumbar Artificial Disc Replacement (LADR) (150.10)

**Note:** To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

#### Prior Authorization Information

##### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

##### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	This is <b>not</b> a covered service.
<b>Commercial PPO and Indemnity</b>	This is <b>not</b> a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.

## CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code 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 as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

### CPT Codes

<b>CPT codes:</b>	<b>Code Description</b>
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
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar
0164T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
0165T	Revision including replacement of total disc arthroplasty, anterior approach, each additional interspace, lumbar

### Description

When conservative treatment of degenerative disc disease (DDD) fails, a common surgical approach is spinal fusion. More than 200,000 spinal fusions are performed each year. However, outcomes with spinal fusion have been controversial, in part due to the difficulty in determining if a patient's back pain is related to DDD and in part due to the success of the procedure itself. Also, spinal fusion alters the spine biomechanics, potentially leading to premature disc degeneration at adjacent levels, a particular concern for younger patients. During the past 30 years, various artificial intervertebral discs have been investigated as an alternative approach to fusion. This approach, also referred to as total disc replacement or spinal arthroplasty, is intended to maintain motion at the operative level once the damaged disc has been removed and normal biomechanics of the adjacent vertebrae.

Potential candidates for artificial disc replacement have chronic low back pain attributed to DDD, lack of improvement with nonoperative treatment, and none of the contraindications for the procedure, which include multilevel disease, spinal stenosis, spondylolisthesis, scoliosis, previous major spine surgery, neurologic symptoms, and other minor contraindications. These contraindications make artificial disc replacement suitable for a subset of patients for whom fusion is indicated. Patients who require procedures in addition to fusion (eg, laminectomy, decompression) are not candidates for the artificial disc.

Use of a motion-preserving artificial disc increases the potential for various types of implant failure. They include device failure (device fracture, dislocation, or wear), bone-implant interface failure (subsidence, dislocation-migration, vertebral body fracture), and host response to the implant (osteolysis, heterotopic ossification, pseudotumor formation).

## Summary

Total disc replacement, using an artificial intervertebral disc designed for the lumbar spine, is proposed as an alternative to spinal fusion in patients with degenerative disc disease leading to disabling symptoms.

For individuals who have lumbar degenerative disc disease who receive a lumbar artificial intervertebral disc, the evidence includes randomized controlled trials with 5-year outcomes and case series with longer term outcomes. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Five-year outcomes for the ProDisc-L randomized controlled trial have provided evidence for the noninferiority of artificial disc replacement. The superiority of ProDisc-L with circumferential fusion was achieved at 2 but not at 5 years in this unblinded trial. The potential benefits of the artificial disc (eg, faster recovery, reduced adjacent-level disc degeneration) have not been demonstrated. Also, considerable uncertainty remains whether response rates will continue to decline over longer time periods and long-term complications with these implants will emerge. Although some randomized trials have concluded that this technology is noninferior to spinal fusion, outcomes that would make noninferiority sufficient to demonstrate the clinical benefit of the artificial lumbar disc have not been established. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
5/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
5/2018	New references added from BCBSA National medical policy. Summary clarified.
6/2017	BCBSA National medical policy review. Discussion of artificial discs not available in the United States was removed. Policy statement unchanged. 6/1/2017
5/2016	New references added from BCBSA National medical policy.
3/2015	New references added from BCBSA National medical policy.
4/2014	New references added from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
6/2011	Reviewed - Medical Policy Group – Orthopedics, Rehabilitation and Rheumatology. No changes to policy statements.
1/2011	Updated - Medical Policy Group – Neurology and Neurosurgery. No changes to policy statements.
10/20/2010	Medical Policy 592 effective 10/20/2010.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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