EFFECTIVE DATE: 09|01|2005
POLICY LAST UPDATED: 06|18|2013

OVERVIEW
Artificial intervertebral discs also referred to total disc replacement or spinal arthroplasty, is proposed as an alternative to fusion in patients with persistent and disabling back pain.

PRIOR AUTHORIZATION
Prior authorization is required for the removal of artificial intervertebral disc due to infection or other surgical complications for BlueCHiP for Medicare members and recommended for all other BCBSRI products.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial
Artificial intervertebral disc replacement for the cervical or lumbar spine is considered not medically necessary due to the lack of peer-reviewed medical literature demonstrating the long-term effectiveness of artificial intervertebral disc.

MEDICAL CRITERIA
Not applicable.

BACKGROUND
When conservative treatment of degenerative disc disease fails, a common surgical approach is spinal fusion. Over 200,000 spinal fusion's are performed each year. However, the outcomes of spinal fusion have been controversial over the years, in part due to the difficulty in determining whether a patient's back pain is related to degenerative disc disease and in part due to the success of the procedure itself. In addition, spinal fusion alters the biomechanics of the back, potentially leading to premature disc degeneration at adjacent levels, a particular concern for younger patients. As an alternative to fusion, a variety of artificial intervertebral discs have been investigated over the past 30 years. 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 to maintain the normal biomechanics of the adjacent vertebrae.

The devices use two metal end plates that are press fit into adjacent vertebrae and a central free component. This central component is held into place by the surrounding normal soft tissues (such as ligaments and the disc annulus), and shifts dynamically within the disc space during spinal motion. These devices are designed to restore disc height and normal physiologic motion.

Evidence to date has not shown a beneficial effect of any cervical disc product on the development of adjacent level disease, whereas long-term complication rates with artificial discs remain unknown. Further, as concluded in the TEC Assessments, given the natural history of the disease, longer-term results are needed, in particular to assess any effect of the device on adjacent-level disc degeneration, device durability, adverse events, and revisability.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable not medically necessary services or surgery benefits/coverage.

CODING

The following services are considered **not medically necessary** and are not covered for all BCBSRI products.

0092T (Code Deleted Effective 12/31/2014)		
0098T	**0163T**	**0165T**
0375T (New Code Effective 1/1/2015)		
22856	**22857**	
22858 (New Code Effective 1/1/2015)		
22861	**22862**	

Cervical and Lumbar Removal: prior authorization is required/recommended for all BCBSRI products for the disc removal:

22864	**0095T**	**22865**	**0164T**

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Aug 2013
Provider Update	Jan 2013
Provider Update	Feb 2012
Provider Update	Dec 2010
Provider Update	Dec 2009

REFERENCES

Technology Evaluation Center; Assessment Program; Volume 20, No. 1 April 2005, "Artificial Vertebral Disc Replacement"

Technology Evaluation Center; Assessment Program; Volume 24, No. 5, Aug 2009, "Artificial Intervertebral Disc Arthroplasty for Treatment of Degenerative Disc Disease of the Cervical Spine"

Blue Cross Blue Shield Association; Medical Policy Reference Manual; Artificial Intervertebral Disc: Lumbar Spine, 7.01.87; Issue 10:2012.

Blue Cross Blue Shield Association; Medical Policy Reference Manual; Artificial Intervertebral Disc: Cervical Spine, 7.01.108; Issue 10:2012.

Centers for Medicare and Medicaid Services (CMS); Decision Memo for Lumbar Artificial Disc Replacement (LADR) (CAG-00292R); August 14, 2007.

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