Artificial Disc Replacement, Cervical
Clinical Coverage Criteria

Overview

Artificial disc replacement, also known as disc arthroplasty, refers to the replacement of a symptomatic, damaged or degenerated intervertebral disc in the spine with an artificial disc. Cervical artificial disc replacement (CADR) has been proposed as an alternative to anterior cervical discectomy and fusion (ACDF) for the treatment of degenerative conditions of the cervical spine. The major potential benefits of CADR over ACDF are preservation of segmental motion and reduction in adjacent segment disease. Clinical trials, in general, have established CADR as a safe and effective alternative to ACDF in the treatment of cervical degenerative disease at 1 or 2 contiguous levels.

Policy

This Policy applies to the following Fallon Health products:

☒ Commercial
☒ Medicare Advantage
☒ MassHealth ACO
☒ NaviCare
☒ PACE

Prior authorization is required. The artificial disc must be approved by FDA and used in accordance with FDA-approved Labeling (Instructions for Use).

Fallon Health covers cervical artificial disc replacement when all of the following criteria are met:

1. The patient has intractable cervical radicular pain or myelopathy
   a. which has failed at least 6 weeks of conservative non-operative treatment, including active pain management program or protocol, under the direction of a physician, with pharmacotherapy that addresses neuropathic pain and other pain sources AND physical therapy; OR
   b. if the patient has severe or rapidly progressive symptoms of nerve root or spinal cord compression requiring hospitalization or immediate surgical treatment.

2. Degeneration is documented by magnetic resonance imaging (MRI), computed tomography (CT), or myelography.

3. Cervical degenerative disc disease is from C3-C7.

Simultaneous cervical artificial intervertebral disc implantation at a second contiguous level is covered if the above criteria are met for each disc level, and the device is FDA-approved for 2 levels (i.e., Mobi-C, Prestige LP).

Subsequent cervical artificial intervertebral disc implantation at an adjacent level is covered when all of the following are met:

1. Criteria 1 to 3 above are met; and

2. The device is FDA-approved for 2 levels; and

3. Clinical documentation that the initial cervical artificial intervertebral disc implantation is fully healed.

Revision or removal of a cervical artificial disc(s) is covered when medically necessary. Prior authorization is required.

Requests for removal of a cervical artificial disc(s) (CPT 22864 +/- 0095T) should include a request for fusion.

Exclusions

- Cervical artificial disc replacement adjacent to a previous cervical fusion is not covered.
- Cervical artificial disc replacement at three or more levels is considered experimental and is not covered.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

Code	Description
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy 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
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical

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Policy history

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