



Artificial Disc Replacement, Lumbar 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.

Artificial disc replacement surgery in the lumbar spine differs significantly from artificial disc replacement surgery in the cervical spine with respect to patient selection and outcomes. Three lumbar artificial discs have been approved by the FDA for use in the United States. These include Charité (Depuy Spine, Raynham, MA), Prodisc-L (Synthes Spine, West Chester, PA) and activ-L (Aesculap Implant Systems, LLC Center valley, PA 18034). Charité was withdrawn from the market by the manufacturer in 2012.

Despite evidence of non-inferiority to fusion in FDA investigational device exemption (IDE) studies, adoption of LADR has been slow in the United States, due to lack of well-designed studies with long term follow-up demonstrating clinical effectiveness, safety and durability.

Effective for services performed on or after August 14, 2007, CMS has determined that lumbar artificial disc replacement (LADR) is not covered for Medicare beneficiaries over 60 years of age due to the lack of evidence of benefit NCD for Lumbar Artificial Disc Replacement (LADR) (150.10)). For Medicare beneficiaries 60 years of age and younger, there is no NCD for LADR, leaving such determinations to be made by the local Medicare Administrative Contractor (MAC). In situations where there is no NCD, LCD, or guidance on coverage in Medicare Manuals, a Medicare Advantage Organization may make its own coverage determination (Medicare Managed Care Manual, Chapter 4, Section 90.5).

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health considers lumbar artificial disc replacement experimental and for that reason not covered. Revision including replacement of a lumbar artificial disc is therefore also not covered.

Removal of a previously placed lumbar artificial disc followed by fusion is covered when medically necessary. Prior authorization is required. The request for removal of a lumbar artificial disc should include a request for fusion.

Exclusions

- CPT codes 22857, 22862, 0163T, and 0165T are 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
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
22865	Removal 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 (list separately in addition to code for primary procedure)
0164T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
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)

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Policy history

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Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.