



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 Charité was withdrawn from the market by the manufacturer in 2012.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 follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has a National Coverage Determination for Lumbar Artificial Disc Replacement (LADR) (150.15). Per NCD 150.15, LADR is not covered for Medicare beneficiaries over 60 years of age due to the lack of evidence of benefit. 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. National Government Services, Inc. does not have an LCD or LCA for Lumbar Artificial Disc Replacement.

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

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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06/15/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section).

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.