



Artificial Intervertebral Disc Replacement

Last Revision/Review Date: January 16, 2019

P&P # C.5.21

A. Documentation Required:

To facilitate the authorization process referral requests **must** include **ALL** the following:

1. Documented diagnosis and symptoms of radiculopathy or myelopathy including physical limitations related to the disease;
2. Response to conservative treatment;
3. Radiology reports with evidence of degenerative disease;
4. Specific device to be used;
5. Specific procedure planned.

B. Criteria for Medical Necessity:

1. Single level or 2 contiguous level cervical disc replacement

- a. FDA-approved cervical intervertebral disc prosthesis (e.g., Bryan Cervical Disc, MOBI-C, the Prestige Cervical Disc, ProDisc-C Total Disc Replacement, Secure-C Artificial Cervical Disc) implantation is medically necessary in skeletally mature patients when **BOTH** of the following criteria are met:
 - i. Neck and arm pain resulting in disability and/or neurological deficit (e.g., weakness, myelopathy or sensory deficit) that are refractory to at least six (6) weeks of conservative management to include **ALL** the following:
 - a) Analgesics, nonsteroidal and/or steroidal medication (unless contraindicated); **AND**
 - b) Application of ice or heat; **AND**
 - c) Physical therapy, including passive and active treatment modalities; **AND**
 - d) Activity/lifestyle modification; **AND**
 - b. Single-level disc degeneration is documented and includes **BOTH** of the following criteria:
 - i. The implant procedure includes reconstruction of a single or two contiguous cervical disc(s) at C3-C7, following single or two contiguous level discectomies, consistent with the current FDA approval for a device; **AND**
 - ii. The patient is a candidate for single-level or two contiguous level anterior cervical arthroplasty.

Note: The requirement of 6 weeks of conservative management is waived in cases of cervical cord compression or significant neurologic deterioration necessitating non-elective/emergent surgery.

2. FDA-approved lumbar intervertebral disc prosthesis (Inmotion Lumbar Artificial Disc (formerly the Charité Artificial Disc; DePuy Synthes Inc., a Johnson & Johnson Company) and the ProDisc-L Total Disc Replacement (DePuy Synthes Inc., a Johnson & Johnson Company)) implantation is medically necessary in skeletally mature patients when **BOTH** of the following criteria are met:

- a. Low back pain, resulting in disability and/or neurological deficit that are refractory to at least six (6) months of conservative management for pain relief including **ALL** the following:
 - i. Analgesics, nonsteroidal and/or steroidal medication (unless contraindicated); **AND**
 - ii. Application of ice or heat; **AND**

- iii. Physical therapy, including passive and active treatment modalities; **AND**
- iv. Activity/lifestyle modification; **AND**

- b. Single-level disc degeneration is documented and includes **BOTH** of the following criteria:
 - i. The implant procedure includes reconstruction of a single level at any single disc space from L3 to S1; **AND**
 - ii. Patient should have no more than a Grade I (no more than 3mm) spondylolisthesis at the involved single level.

C. Indications Considered Experimental, Investigational or not Medical Necessary:

Surgical implantation of artificial discs is considered **experimental, investigational or unproven** for **ALL** the following (not an all-inclusive list):

1. Use of non- FDA approved cervical or lumbar disc prosthesis
2. The planned procedure includes the combined use of a prosthesis and spinal fusion (i.e., hybrid surgery);
3. The patient had prior fusion at an adjacent cervical or lumbar level;
4. The patient had prior surgery at the treated level;
5. Osteopenia, osteomalacia, or osteoporosis (T-score of -3.5, or -2.5, with vertebral crush fracture);
6. Rheumatoid arthritis or other autoimmune disease;
7. Paget's disease, osteomalacia or any other metabolic bone disease;
8. Radiological evidence of **ANY** of the following:
 - a. Clinically significant cervical instability, such as kyphotic deformity or spondylolisthesis (e.g., > 3.5 mm subluxation or > 11 degrees angulation);
 - b. Significant cervical or lumbar anatomical deformity or compromised vertebral bodies at the index level (e.g., ankylosing spondylitis, rheumatoid arthritis, lumbar spinal stenosis or nerve root compression, or compromise due to current or past trauma);
 - c. Spinal metastases/tumor.
 - d. Skeletal immaturity.
9. Non-contiguous cervical arthroplasties or any multi-level lumbar disc arthroplasty.
10. For a cervical procedure, the patient is not a candidate for anterior cervical discectomy and fusion.
11. Use of lumbar prosthetic intervertebral discs (e.g., the activL Artificial Disc, the Charite Artificial Disc, and the ProDisc-L Total Disc Replacement) for lumbar/sacral degenerative disc disease.
12. Lumbar partial disc prosthesis (e.g., Nubac, DASCOR Disc Arthroplasty System) is considered experimental/investigational. No FDA approved devices available in the US.

CPT CODES:

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.
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy 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
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE; LUMBAR
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, CERVICAL
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE INTERSPACE, LUMBAR
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY
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 (List separately in addition to code for primary procedure)
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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