Artificial Intervertebral Disc Replacement

Medicare Advantage Medical Coverage Policy

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Disclaimer
The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member’s coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to CMS website for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/Transmittals.

There are no NCD and/or LCDs for artificial intervertebral disc replacement.

Description
Artificial intervertebral disc replacement is an alternative to cervical and lumbar spinal fusion surgery for an individual suffering from back or neck pain due to degenerative disc disease (DDD). The artificial disc was designed to restore normal disc height, to preserve spinal flexibility and decrease degeneration of adjacent discs, which can occur as a result of DDD.

Examples of US Food & Drug Administration (FDA) devices approved for single-level cervical spine intervertebral disc replacement include, but may not be limited to:

- M6-C cervical disc
- MOBI-C cervical disc
- PCM cervical disc
- Prestige LP cervical disc system
- ProDisc C, ProDisc C Novo, ProDisc C SK, ProDisc C Vivo total disc replacement
- SECURE-C artificial cervical disc
- Simplify cervical artificial disc

Examples of FDA-approved devices for single- or two-level cervical spine intervertebral disc replacement include, but may not be limited to:

- MOBI-C cervical disc
- Prestige LP cervical disc system
- Simplify cervical artificial disc

Examples of FDA-approved devices for the lumbar spine include, but may not be limited to:

- activL artificial disc
- ProDisc L total disc replacement

**Coverage Determination**

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.*

**Artificial Intervertebral Disc Replacement**

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*
## Coverage Limitations

**US Government Publishing Office.** Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

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<th>Description</th>
<th>Comments</th>
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</table>

No code(s) identified

**Change Summary**

- 01/01/2024 New Policy.