

Artificial Intervertebral Disc Replacement



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1013

Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

Table of Contents

[Related Medical/Pharmacy Coverage Policies](#)

[Related Documents](#)

[Description](#)

[Coverage Determination](#)

[Coverage Limitations](#)

[Coding Information](#)

[References](#)

[Appendix](#)

[Change Summary](#)

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.

CPT® Code(s)	Description	Comments
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy 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 osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (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	
CPT® Category III Code(s)	Description	Comments

0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (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)	
HCPCS Code(s)	Description	Comments
No code(s) identified		

Change Summary

- 01/01/2024 New Policy.