GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Artificial Intervertebral Disc Replacement refers to the replacement of a degenerating intervertebral disc with an artificial disc in adults with degenerative disc disease (DDD) in either the lumbar or cervical region of the spine. An artificial disc is intended to preserve range of motion (ROM) and reduce pain. These prostheses replace the degenerated disc and have been proposed as a means of improving flexibility, maintaining spinal curvature and providing an equalized weight-bearing surface, while reducing or possibly eliminating pain. The artificial intervertebral discs have long been reviewed as an alternative to spinal fusion. Spinal fusion alters the function of the spine, and can potentially lead to premature disc degeneration at adjacent spinal levels.

Artificial discs may consist of two cobalt-chromium endplates that are attached to the vertebrae and a polyethylene disk that is inserted between the metal endplates, may be metal on metal, metal on plastic, ceramic on ceramic or titanium on polyurethane. Discs are implanted through an anterior approach and are attached to vertebrae with screws, teeth, ridges, or pins.

Cervical Artificial Disc
Cervical intervertebral disc prostheses that have been approved by the U.S. Food and Drug Administration (FDA) include, but may not be limited to: The Prestige™ ST Cervical Disc (Medtronic Sofamor Danek, Memphis, TN), the PRODISC-C® Total Disc Replacement (Synthes, Inc., New York, NY), BRYAN® Cervical Disc (Medtronic Sofamor Danek, Memphis, TN), Mobi-C® Cervical Disc Prosthesis (LDR Spine USA, Inc., Austin, TX), and the Secure®-C Cervical Artificial Disc (Globus Medical, Inc., Audobon, PA).

Lumbar Artificial Disc
Examples of lumbar intervertebral disc prostheses that have been approved by the FDA include, but may not be limited to: The Charité® Artificial Disc (DePuy Spine, Inc., Raynham, MA) replaced by the INMOTION Lumbar Disc System, and the ProDisc®-L Lumbar (SYNTHES Spine, Inc., West Chester, PA).

POLICY
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<th>HMO, PPO, Individual Marketplace, &amp; Elite</th>
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<td>Cervical artificial disc replacement at one level from C3-C7 (22856) and at two contiguous levels (22858) requires prior authorization.</td>
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Cervical artificial disc replacement at three or more levels (0375T) is non-covered.

Lumbar artificial disc replacement at one level (22857) requires prior authorization.

Lumbar artificial disc replacement at more than one level (0163T, 0164T, 0165T) is non-covered.

Removal and/or revision of artificial disc replacement (22861, 22862, 22864, 22865, 0098T, 0095T) does not require prior authorization.

Advantage
| Cervical artificial disc replacement at one level from C3-C7 (22856) and at two contiguous levels (22858) requires prior authorization. |

Cervical artificial disc replacement at three or more levels (0375T) is non-covered.

Lumbar artificial disc replacement (22857, 22862, 22865, 0163T, 0164T, 0165T) is non-covered.

Removal and/or revision of artificial disc replacement (22861, 22864, 0098T, 0095T) does not require prior
Paramount considers an FDA-approved artificial intervertebral disc replacement medically necessary for reconstruction of the disc from C3-C7 (22856) following a single-level discectomy in skeletally mature individuals with symptomatic cervical degenerative disc disease (e.g., radicular neck and/or arm pain and/or functional/neurological deficit) or herniated disc, confirmed by radiographic studies (e.g., CT, MRI, x-rays), who have failed at least 6 weeks of conservative management.

Paramount considers cervical artificial total disc replacement proven and medically necessary for the treatment of symptomatic contiguous two level degenerative disc disease (22858) in skeletally mature patients when used according to U.S. Food and Drug Administration (FDA) labeled indications. (Note: not all cervical artificial discs have FDA labeling for contiguous two level degenerative disc disease. Only cervical artificial discs FDA labeled for contiguous two level disease are proven and medically necessary for this indication.)

Paramount considers cervical artificial disc replacement at three or more levels (0375T) is investigational as the safety and long term outcomes are still unclear.

HMO, PPO, Individual Marketplace, Elite
Paramount covers the surgical implantation of an FDA–approved lumbar intervertebral disc (IVD) prosthesis (22857) for chronic, unremitting, discogenic low back pain and disability secondary to single-level degenerative disc disease (DDD) as medically necessary in a skeletally mature individual when ALL of the following criteria are met:

1. Unremitting low back pain and significant functional impairment is refractory to at least six consecutive months of structured*, physician supervised conservative medical management, which includes ALL of the following components:
   - Exercise, including core stabilization exercises
   - Nonsteroidal and/or steroidal medication (unless contraindicated)
   - Physical therapy, including passive and active treatment modalities
   - Activity/lifestyle modification
2. Single-level disc degeneration has been confirmed on complex imaging studies (i.e., computerized tomography [CT] scan, magnetic resonance imaging [MRI]).
3. The implant will be inserted at an FDA approved lumbar/sacral level specific to the implant being used.
4. Elite members must be 60 years of age or younger

*Note: Structured medical management consists of medical care that is delivered through regularly scheduled appointments, including follow-up evaluation, with licensed healthcare professionals.

Paramount considers lumbar artificial disc replacement at more than one level (0163T, 0164T, 0165T) investigational as the safety and long term outcomes are still unclear.

Advantage
Procedures 22857, 22862, 22865, 0163T, 0164T, 0165T, 0375T are non-covered.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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**TAWG REVIEW DATES:** 03/21/2014, 12/19/2014, 05/21/2015, 07/22/2016

**REVISION HISTORY EXPLANATION**

01/01/06: Code revision
01/01/07: 0091T, 0094T and 0097T have been deleted and replaced with 22857, 22865 and 22862. These services will still remain experimental and will be denied.
01/01/09: 0090T, 0093T and 0096T have been deleted and replaced with 22856, 22864 and 22861. These services will still remain experimental and will be denied.
01/01/11: Updated codes
03/21/14: Changed title of policy from Disc Arthroplasty to Artificial Intervertebral Disc Replacement. Single-Level Cervical Artificial Intervertebral Disc Replacement (22856, 22864) covered with prior authorization per TAWG committee’s review. Policy reviewed and updated to reflect most current clinical evidence. Policy approved per TAWG Committee as revised.
12/19/14: Added new 2015 CPT codes 22858 and 0375T and deleted code 0092T. Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee.
05/21/15: Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee.
07/22/16: PPO now requires prior authorization for cervical artificial disc replacement at one level from C3-C7 (22856, 22864). Cervical artificial disc replacement at two contiguous levels (22858) is now covered with prior authorization for all product lines. (Procedure 22858 is now covered for Advantage per ODM Appendix DD.) Lumbar artificial disc replacement at one level (22857) is now covered with prior authorization for HMO, PPO, Individual Marketplace, & Elite. Elite members must be 60 years of age or younger per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per TAWG Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.