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
Lumbar spinal stenosis (LSS) is a narrowing of the spinal canal that compresses the neural elements in the lower back. The resulting pain, weakness, and/or numbness in the legs is known as neurogenic intermittent claudication. Symptoms are relieved by postural flexion, such as by sitting, squatting, or lying with bent legs. Symptoms can range from mild to severe, and can affect patient mobility and quality of life. The incidence of LSS in the United States is approximately 10% of the population. LSS is mainly related to degenerative changes, and it is estimated that approximately 400,000 Americans, most aged 60 years or older, are afflicted. First-line treatment for symptomatic LSS includes conservative treatments such as rest, nonsteroidal anti-inflammatory drugs, muscle relaxants, corset use, physical therapy, and epidural steroid injections. If symptoms do not respond adequately to conservative treatments, open surgical treatments such as laminectomy or spinal fusion may be required, which can have serious complications and can be particularly risky for elderly patients.

The X-Stop Interspinous Process Decompression (IPD) System (Medtronic Spine LLC) was developed as a minimally invasive surgery for neurogenic intermittent claudication secondary to LSS. Use of the device is intended for patients older than 50 years with moderate impairment of physical function who have failed to respond adequately to ≥ 6 months of nonoperative treatment. The X-Stop device reduces spinal extension to prevent motions that induce back pain; however, the device permits spinal flexion. The device is composed of an oval spacer that is inserted between the spinous processes at the problematic level of the lumbar spine and secured by 2 lateral wings. The X-Stop device is implanted with the use of local or general anesthesia by an orthopedic surgeon or neurosurgeon. Procedural time is typically under 1 hour, and up to 2 X-Stop devices may be implanted at one time. Implantation is performed as an outpatient procedure, although in some circumstances, the physician may admit the patient for overnight observation.

POLICY

HMO, PPO, Individual Marketplace
An interspinous process decompression device (X-STOP®) (22867-22870, C1821) is non-covered.

Elite, Advantage
An interspinous process decompression device (X-STOP®) (22867-22870, C1821) requires prior authorization.

HMO, PPO, Individual Marketplace
Paramount has determined that an interspinous process decompression device is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

Elite, Advantage
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of an interspinous process decompression device (X-STOP®), it may be covered with a prior authorization per CMS guidelines for Elite members. The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage members. Per Medical Director’s review, the Coflex® Interlaminar Stabilization Device is 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.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22867</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level (New code effective 01/01/17)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>22868</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure) (New code effective 01/01/17)</td>
</tr>
<tr>
<td>22869</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level (New code effective 01/01/17)</td>
</tr>
<tr>
<td>22870</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure) (New code effective 01/01/17)</td>
</tr>
<tr>
<td>0171T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level (Deleted code effective 12/31/16)</td>
</tr>
<tr>
<td>0172T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure) (Deleted code effective 12/31/16)</td>
</tr>
</tbody>
</table>

**HCPCS CODE**

C1821 Interspinous process distraction device (implantable)

**TAWG REVIEW DATES:** 01/22/2016, 04/22/2016, 01/27/2017

**REVISION HISTORY EXPLANATION**

03/15/10: Updated references
05/01/11: No changes
01/22/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
04/22/16: Per Medical Director’s review of CMS A52693, the Coflex® Interlaminar Stabilization Device is non-covered. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
01/27/17: Codes 0171T & 0172T deleted effective 12/31/16. New effective 01/01/17 codes added 22867-22870 as covered for Elite and Advantage only with prior authorization. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**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/](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.