



Medical Central Medical Policy

Policy Name: Motion Preserving Posterior Interspinous/Interlaminar Decompression/Stabilization Devices MP9749

Effective Date: 06/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number.

<https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Motion preserving posterior interspinous/interlaminar decompression/stabilization devices, with or without pedicle fixation are investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Total facet joint replacement systems are investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: See related policy, *mild® Procedure (mild® Device Kit)*.

Description

Posterior interspinous/interlaminar decompression/stabilization procedures are minimally invasive spine techniques employing devices designed to preserve the spine's normal patterns of motion in a controlled fashion. The goal of these implantable devices is to restore function while purportedly reducing the risk of adjacent segment degeneration (ASD). These procedures have been suggested for use as stand-alone procedures when conservative care has failed, when an individual is not a suitable surgical candidate, or as adjunctive procedures to surgical decompression and/or fusion. Suggested applications include treatment of discogenic low-back pain, treatment of facet pain, treatment of spinal stenosis, controlling motion in degenerative spondylolisthesis or iatrogenic destabilized spine, treatment of neurogenic claudication, acceleration of spinal fusion, and prevention of ASD following surgical fusion. These procedures can be performed under local anesthetic in the outpatient setting or as an inpatient procedure.

Interspinous/interlaminar decompression/stabilization spinal devices can be classified into four categories based on their structural components: (1) interspinous/interlaminar spacer devices

Medical Central Medical Policy

(e.g., X-Stop; Coflex; Superion); (2) pedicle screw/rod-based devices (e.g., Dynesys); (3) non-pedicle assisted interspinous systems (e.g., Aspen; Coflex-F), or (4) facet joint replacement systems (e.g., ACADIA™ Facet Replacement System; TOPS system). All of these devices are intended to hold the spine in a position of slight flexion to decompress the spinal cord or spinal nerve roots. The spine can still rotate and/or bend to the side following placement of the spacer. Interspinous/interlaminar spacers are often termed static spacers, as they provide constant extension. Pedicle screw/rod-based devices are frequently termed dynamic spacers, since they are compressible by use of an elastomeric material. The ACADIA Facet Replacement System is comprised of a pedicle anchor based with a metal-on-metal gliding joint that mimics the articular plane of the native facet joints. Another facet replacement device, the Total Facet Arthroplasty System, is comprised of a pedicle anchor base with a sliding ball-in-bowl-type joint.

FDA Approval

Devices currently FDA approved for interspinous/interlaminar decompression/stabilization include, but are not limited to:

Pedicle Assisted Devices:

1. X-STOP Interspinous Process Decompression system (Kyphon, Inc.)
2. Coflex Interlaminar Stabilization Device (Paradigm Spine)
3. Superion® InterSpinous Spacer (Vertiflex Spine)
4. Dynesys® system (Zimmer Spine, Inc.)

Non- Pedicle-Assisted Devices:

1. Aspen (Zimmer-Biomet)
2. Coflex-F (Paradigm Spine)
3. Sprie (Medtronic)
4. BacFuse (RTI Surgical)
5. Inspan (LES Spine Innovations)
6. Primal OK SP (OsteoMed)

Interspinous/interlaminar spacer decompression devices currently under study include, but are not limited to:

1. DIAM Spinal Stabilization System (Medtronic Sofamor Danek)
2. Wallis system (Abbott Spine)

Total facet joint replacement systems:

1. The Total Posterior Spine System (TOPS™) received U.S. Food and Drug Administration (FDA) Premarket Approval (PMA) in June 2023.
2. ACADIA™ Facet Replacement System is currently under study
3. The Total Facet Arthroplasty System® (TFAS®) trial has been discontinued

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.



Medical Central Medical Policy

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **22867** - Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
- **22868** - 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)
- **22869** - Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
- **22870** - 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)
- **0202T** - Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s]replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, and lumbar spine

HCPCS Code:

- **C1821** - Interspinous process distraction device (implantable)

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Re-Review Date(s): 05/15/2024

Administrative Update: 05/15/2024

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