Coverage Summary

Artificial Disc Replacement, Cervical and Lumbar

<table>
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<tr>
<th>Policy Number:</th>
<th>L-005</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 06/22/2009</th>
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<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 03/19/2019</td>
<td></td>
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Related Medicare Advantage Policy Guideline: Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Lumbar artificial disc replacement (LADR) is not covered for members over age 60. Coverage for LADR for members age 60 and younger will be based on the discretion of the local contractors.

Guidelines/Notes:

1. Lumbar Artificial Disc
   a. For the members over 60 years of age
      Lumbar artificial disc replacement (LADR) for the members over 60 years of age is not covered. See the NCD for Lumbar Artificial Disc Replacement (LADR) (150.10). (Accessed March 6, 2019)
b. For members age 60 and younger (CPT codes 22857, 22862, 0163T, 0165T)
   • Medicare does not have a National Coverage Determination (NCD) for members 60 years of age and younger; coverage determination is to be made by the local contractor.
   • Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
   • For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Total Artificial Disc Replacement for the Spine for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: March 19, 2019
   • Accessed March 8, 2019

Also see the NCD for Lumbar Artificial Disc Replacement (LADR) (150.10). (Accessed April 27, 2018)

2. Cervical Artificial Disc (CPT codes 22856, 22858, 22861, 22864, 0095T, 0098T, 0375T)
   • Medicare does not have a National Coverage Determination (NCD) for cervical artificial disc replacement.
   • Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   • For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Total Artificial Disc Replacement for the Spine for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: March 19, 2019
   • Accessed March 8, 2019

II. DEFINITIONS

Artificial Total 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 and was developed to simulate the motion of the natural spine and prevent adjacent disc degeneration. UnitedHealthcare Commercial Medical Policy for Total Artificial Disc Replacement for the Spine. (Accessed March 8, 2019)

Lumbar Artificial Disc Replacement (LADR): A surgical procedure on the lumbar spine that involves complete removal of the damaged or diseased lumbar intervertebral disc and implantation of an artificial disc. The procedure may be done as an alternative to lumbar spinal fusion and is intended to reduce pain, increase movement at the site of surgery and restore intervertebral disc height. Charite™ lumbar artificial disc is the only Food and Drug Administration (FDA) approved lumbar artificial disc at this time. The FDA has approved the use of the Charite™ artificial disc for spine arthroplasty in skeletally mature patients with degenerative or discogenic disc disease at one level for L4 to S1. NCD for Lumbar Artificial Disc Replacement (LADR) (150.10). (Accessed March 8, 2019)
III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019  •  Updated policy introduction; added language to clarify:
  o  There are instances where [the Coverage Summary] may direct readers to a
    UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy,
    and/or Coverage Determination Guideline (CDG)
  o  In the absence of a Medicare National Coverage Determination (NCD), Local
    Coverage Determination (LCD), or other Medicare coverage guidance, CMS
    allows a Medicare Advantage Organization (MAO) to create its own coverage
    determinations, using objective evidence-based rationale relying on
    authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)
  •  Retitled reference links that direct users to UnitedHealthcare Commercial policies

03/19/2019  Annual review; no updates.

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed
  instruction to “use the applicable LCD based on member’s residence/place and type of
  service” (this note only applies when selecting the appropriate DME LCD Policy)

01/16/2018  Annual review with the following updates:
  Guideline 1.b (Lumbar Artificial Disc For members age 60 and younger) - Updated
  the applicable LCDs to include the most recent website links and effective dates
  related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.
  Guideline 1.b (Cervical Artificial Disc) - Updated the applicable LCDs to include the
  most recent website links and effective dates related to the Cahaba-Palmetto
  jurisdiction transition; no change in guideline.

03/21/2017  Annual review with the following updates to Guideline 2 (Cervical Artificial Disc):
  •  Added CPT code 0375T
  •  Added separate LCD Availability Grid (replaced Attachment A with the new
    Attachment B)

03/15/2016  Annual review; no updates to the guideline. Updated reference link(s) of the
  applicable LCDs to reflect the condensed link.

03/24/2015  Annual review with the following updates:
  •  Guidelines #1.b (Lumbar Artificial Disc for members age 60 and younger)
    -  Changed default guidelines for states with no Local Coverage Determinations
       (LCDs) from Noridian LCD for Noncovered Services (L24473) to
       UnitedHealthcare Medical Policy for Total Artificial Disc Replacement for
       The Spine.
  •  Guidelines #2 (Cervical Artificial Disc)
    -  Changed default guidelines for state with no LCDs from Noridian LCD for
       Noncovered Services (L24473) to UnitedHealthcare Medical Policy for Total
       Artificial Disc Replacement for The Spine.
    -  Added reference to CPT codes 22858, 22864 and 0095T.
    -  Removed reference to CPT code 0092T.
03/18/2014  Annual review; no updates.

04/29/2013  Annual review with the following updates:
- Guidelines #1.b (Lumbar Artificial Disc for members age 60 and younger)
  - Changed default guidelines for states with no Local Coverage Determinations (LCDs) from Noridian LCD for Artificial Disc (L24274) (retired) to Noridian LCD for Noncovered Services (L24473).
  - Added reference to CPT codes 22857, 22862, 0163T and 0165T
- Guidelines #2 (Cervical Artificial Disc)
  - Changed default guidelines for state with no LCDs from Noridian LCD for Artificial Disc (L24274) (retired) to Noridian LCD for Noncovered Services (L24473).
  - Added reference to CPT codes 22856, 22861, 0092T, 0098T

04/23/2012  Guidelines #1.b (Lumbar Artificial Disc/For members age 60 and younger) and Guidelines #2 (Cervical Artificial Disc) revised, i.e., changed the default guidelines for states with no LCDs from the UHC Medical Policy for Artificial Total Disc Replacement for the Spine to the Noridian LCD Artificial Disc (L24274).

08/29/2011  Annual review; updated Guidelines #2 & 3 to include the Noridian coverage language determination on artificial discs.

06/16/2011  Guidelines #1 - Lumbar Artificial Disc updated to include the reference to the LCDs for Non Covered Services.

V. ATTACHMENT(S)

**Attachment A - LCD Availability Grid**

**Lumbar Artificial Disc**

**For members 60 and younger**

(CPT codes 22857, 22862, 0163T, 0165T)

CMS website accessed March 8, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
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<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT,ND,OR, SD,UT, WA, WY</td>
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<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
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<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, PA, OK, TX</td>
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<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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End of Attachment A
### Cervical Artificial Disc

**CMS website accessed March 8, 2019**

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
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**End of Attachment B**