Coverage Summary

Artificial Disc Replacement, Cervical and Lumbar

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

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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).

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Lumbar Artificial Disc
   2. Cervical Artificial Disc

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS

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 September 27, 2019**

Also see the NCD for Lumbar Artificial Disc Replacement (LADR) (150.10). (Accessed March 8, 2019)

## 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 September 27, 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 Non-covered 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 Non-covered 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)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>L33777</td>
<td>Non-covered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, PA, OK, TX</td>
</tr>
<tr>
<td>L36954</td>
<td>Non-covered Services other than CPT® Category</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td></td>
<td>III Non-covered Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L37826</td>
<td>Lumbar Artificial Disc Replacement</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment A
## Attachment B - LCD Availability Grid

### Cervical Artificial Disc

(CPT codes 22856, 22858, 22861, 22864, 0095T, 0098T, 0375T)

CMS website accessed September 27, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>(A56195)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L33777</td>
<td>Non-covered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>(A56480)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>(A55607)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>(A55607)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>(A55681)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, PA, OK, TX</td>
</tr>
<tr>
<td>(A56967)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

End of Attachment B