

Artificial Disc Replacement, Cervical and Lumbar

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Related Medicare Advantage Policy Guideline

- [Lumbar Artificial Disc Replacement \(LADR\) \(NCD 150.10\)](#)

Coverage Guidelines

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.

Lumbar Artificial Disc

For Members Over 60 Years of Age

Lumbar artificial disc replacement (LADR) for the members over 60 years of age is not covered. Refer to the [NCD for Lumbar Artificial Disc Replacement \(LADR\) \(150.10\)](#). (Accessed March 9, 2021)

For Members Age 60 and Younger (CPT Codes 22857, 0163T, 22862 and 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 specific LCDs/LCAs, refer to the table for [Lumbar Artificial Disc](#).

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Total Artificial Disc Replacement for the Spine](#).

Note: After checking the [Lumbar Artificial Disc](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Cervical Artificial Disc (CPT Codes 22856, 22858, 22861, 0098T, 22864 and 0095T)

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 specific LCD/LCA, refer to the table for [Cervical Artificial Disc](#).

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Total Artificial Disc Replacement for the Spine](#).

Note: After checking the [Cervical Artificial Disc](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Lumbar Artificial Disc Accessed July 19, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37826 (A56390)	Lumbar Artificial Disc Replacement	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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Cervical Artificial Disc Accessed July 19, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38033 (A57021)	Cervical Disc Replacement	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
03/16/2021	Definitions <ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">Artificial Total Disc ReplacementLumbar Artificial Disc Replacement (LADR)

Instructions for Use

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 are 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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