

Lumbar Artificial Disc Replacement (LADR) (NCD 150.10)

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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Category III CPT Codes
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Artificial Disc Replacement, Cervical and Lumbar

Policy Summary

[↪ See Purpose](#)

Overview

The LADR is 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. The Food and Drug Administration has approved the use of the lumbar artificial disc for spine arthroplasty in skeletally mature patients with degenerative or discogenic disc disease at one level for L3 to S1.

Guidelines

Effective for services performed from May 16, 2006 through August 13, 2007, LADR with the Charite™ lumbar artificial disc is non - covered for Medicare beneficiaries over 60 years of age. Effective for services performed on or after August 14, 2007, CMS has found that LADR is not reasonable and necessary; therefore, LADR is non - covered for Medicare beneficiaries over 60 years of age.

For Medicare beneficiaries 60 years of age and younger, there is no national coverage determination for LADR, leaving such determinations to continue to be made by the local contractors. For dates of service May 16, 2006 through August 13, 2007, Medicare coverage under the investigational device exemption (IDE) for LADR with a disc other than the Charite™ lumbar disc in eligible clinical trials is not impacted. (This NCD last reviewed August 2007.)

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non - covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar

CPT Code	Description
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar

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ICD Procedure Code	Description
0SR20JZ	Replacement of lumbar vertebral disc with synthetic substitute, open approach
0SR40JZ	Replacement of lumbar sacral disc with synthetic substitute, open approach

References

CMS National Coverage Determinations (NCD)

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

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L37826 Lumbar Artificial Disc Replacement	A56390 Billing and Coding: Lumbar Artificial Disc Replacement	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV

CMS Benefit Policy Manual

[Chapter 32, § 170.1 Billing Requirements for Lumbar Artificial Disc Replacement General § 170.2 Carrier Billing Requirements](#)

CMS Transmittal(s)

[Transmittal 1199, Change Request 8197, Dated 03/15/2013 \(International Classification of Diseases \(ICD\) - 10 Conversion from ICD - 9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations \(NCDs\)\)](#)

MLN Matters

[Article MM5462, Coding Change for Lumbar Artificial Disc Replacement \(LADR\)](#)

[Article MM5727, Lumbar Artificial Disc Replacement \(LADR\)](#)

[Article MM8197, International Classification of Diseases \(ICD\) - 10 Conversion from ICD - 9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations \(NCDs\)](#)

UnitedHealthcare Commercial Policies

[Surgical Treatment for Spine Pain](#)

[Total Artificial Disc Replacement for the Spine](#)

Other(s)

[Decision Memo for Lumbar Artificial Disc Replacement \(LADR\) \(CAG - 00292R\), CMS Website](#)

[Federal Register, Department of Health and Human Services, Vol. 70, No. 85, Proposed Changes to the Hospital](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
01/13/2021	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current information; no change to guidelinesArchived previous policy version MPG194.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).