Interspinous and Interlaminar Stabilization/Distraction Devices (Spacers)

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary interspinous and interlaminar stabilization/distraction devices (spacers).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

PROCEDURES

A prior authorization may be required.

The development of interspinous distraction devices has emerged as an alternative treatment for lumbar stenosis. These devices are intended to restrict painful motion while otherwise enabling normal motion of the spine. It is implanted between the spinous processes of the lumbar spine, using a minimally invasive procedure. The device is designed to act as a spacer between the spinous processes, maintaining flexion and limiting extension of the lumbar spine. This prevents nerve impingement and relieves symptoms of pain.

Lumbar (non-fusion) stabilization with the Coflex® Interlaminar Technology for treatment of spinal stenosis, following direct surgical decompression, may be considered medically necessary for one- or two-level use, when ALL of the following criteria are met:

- Lumbar stenosis from L1-L5 in skeletally mature individuals with at least moderate impairment in function, who experience relief in flexion from their symptoms of leg/buttocks/groin pain, with or without back pain, who have significant risk for spinal instability with decompression alone; and
- Diagnosis of lumbar spinal stenosis with up to Grade I spondylolisthesis, confirmed by imaging and clinical exam; and
- Stenosis-related disability impacting activities of daily living, with or without mild-to-moderate back pain; and
- Completion and failure of at least 6 months of conservative treatment, such as (not an all-inclusive list):
    - Anti-inflammatory medication; or
    - Physical therapy.

Note: The Coflex® device is not to be used accompanying a fusion at the treatment level.

Interspinous and Interlaminar Stabilization/Distraction Devices (Spacers) not meeting the criteria as indicated in this policy is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer reviewed literature.

POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

PLACE OF SERVICE: INPATIENT/OUTPATIENT

Experimental/investigational (E/I) services are not covered regardless of place of service.

The implantation of interspinous distraction devices or dynamic spine stabilization for the treatment of spinal stenosis or degenerative spine disorders is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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 fusion, including image guidance when performed, lumbar, second level (list separately in addition to code for primary procedure).

COVERED DIAGNOSIS CODES FOR PROCEDURE CODES 22867, 22868, 22869, AND 22870

Codes						
M48.061	M48.062					

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

10/21/2021	Approved in Medical Policy Committee
11/2021	Approved in QI/UM
10/26/2022	Annual review; approved in Medical Policy Committee
11/2022	Approved in QI/UM