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Artificial Intervertebral Discs MP9364

Covered Service: Yes-when meets criteria below

Prior Authorization Required: Yes-as shown below

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Surgical implantation of cervical intervertebral disc requires prior authorization through the Health Services Division and are considered medically necessary in a skeletally mature individual, when **ALL** of the following criteria are met:

1.1 Single-level or two contiguous level disc degeneration has been confirmed on complex imaging studies (i.e. CT, MRI, X-ray) demonstrating at least ONE of the following at each level:

1.1.1 Herniated nucleus pulposus, **OR**

1.1.2 Spondylosis (i.e. presence of osteophytes), **OR**

1.1.3 Visible loss of disc height compared to adjacent levels; **AND**

1.2 The planned implant will be used in the reconstruction of a cervical disc at C3-C7, following single-level or two-level discectomy; **AND**

1.3 The individual is a candidate for single-level or two-level anterior cervical decompression and interbody fusion; **AND**

1.4 EITHER of the following:

1.4.1 Unremitting cervical radiculopathy and/or myelopathy (i.e. neck and arm pain) resulting in disability and/or neurological deficit that are refractory to at least six weeks of standard conservative, nonoperative management (e.g. reduced activities, exercise, analgesics, physical therapy); **OR**

1.4.2 Demonstrated progressive signs/symptoms of nerve root and /or spinal cord compression despite nonoperative treatment prior to implantation that requires immediate/urgent surgical treatment.

2.0 .Surgical implantation of a cervical intervertebral disc (IVD) prosthesis for ANY other indication, including the following is considered experimental and investigational and therefore is not medically necessary.

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2.1 The planned procedure includes the combined use of a prosthesis and spinal fusion (i.e., hybrid surgery).

2.2 Simultaneous multilevel implantation is planned at > two diseased levels or two non-contiguous levels.

2.3 The individual had prior fusion at an adjacent cervical level.

2.4 The individual had prior surgery at the treated level

2.5 Osteopenia, osteomalacia, or osteoporosis (e.g., T-score of -3.5, or -2.5, with associated compression fracture)

2.6 Neck or arm pain of unknown etiology.

2.7 Absence of neck and/or arm pain

2.8 Infection, systemic or local.

2.9 Rheumatoid arthritis or other autoimmune disease.

2.10 Paget's disease, osteomalacia or any other metabolic bone disease.

2.11 There is radiological evidence of ANY of the following:

2.11.1 Clinically significant cervical instability, such as kyphotic deformity or spondylolisthesis (e.g., > 3.5 mm subluxation or > 11 degrees angulation), **OR**

2.11.2 Significant cervical anatomical deformity or compromised vertebral bodies at the index level (e.g., ankylosing spondylitis, rheumatoid arthritis, or compromise due to current or past trauma), **OR**

2.11.3 Multilevel degenerative disc disease, **OR**

2.11.4 Spinal metastases.

2.12 Non FDA–approved cervical disc prosthesis.

2.13 FDA-approved cervical disc prosthesis used for other than the FDA approved and intended, manufacturer specific use of the device.

3.0 Surgical implantation of lumbar artificial intervertebral discs are considered experimental and investigational and therefore are not medically necessary.

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	Committee/Source	Date(s)
Originated:	Utilization Management Committee/ Medical Affairs/	September 12, 2007
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