

Authorization criteria: Cervical spine surgery for adults with artificial disc replacement

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members only

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code: *22856, *22858 and *22861

Cervical disc herniation, degenerative cervical disc disease or myelopathy

ALL of the following:

1. BOTH of the following:
 - a. Radiculopathy with either a motor deficit** or a sensory deficit***
 - b. AT LEAST ONE of the following:
 - i. Bilateral upper or lower extremity weakness (less than 2 out of 5 muscle strength), numbness or pain
 - ii. Bowel or bladder dysfunction and other etiologies excluded
 - iii. Spasticity by physical exam
 - iv. Bilateral loss of dexterity (decreased fine motor control in the hands)
 - v. Gait disturbance and other etiologies excluded
2. Continued symptoms or findings after treatment with ALL:
 - a. Appropriate non-steroidal anti-inflammatory drugs or acetaminophen for at least 3 weeks (unless contraindicated/not tolerated)
 - b. Physician-directed home exercise program OR physical therapy for at least 6 weeks
 - c. Activity modification for at least 6 weeks
3. Imaging that correlates with symptoms and findings
4. ONE of the following:
 - a. The implantation is planned at a single level AND the device is FDA approved.
 - b. The implantation is planned simultaneously for two levels AND ALL of the following:
 - i. The device is FDA approved for two levels.
 - ii. The above criteria are met for EACH disc level.
 - c. The procedure is subsequent to a previously implanted disc at an adjacent level AND ALL of the following:
 - i. The device is FDA approved for two levels.
 - ii. The above criteria are met for EACH disc level.
 - iii. There is clinical documentation that the previous implanted disc is fully healed.
5. NONE of the following contraindications to this procedure applies:
 - a. Infection or malignancy at the level of disc replacement
 - b. Significant facet arthritis at the level of disc replacement
 - c. Metabolic bone disease (for example, osteoporosis, osteomalacia or osteopenia)
 - d. Spine instability
 - e. Anatomical deformity (for example, severe spondylosis or ankylosing spondylitis)
 - f. Rheumatoid arthritis or other autoimmune disease
 - g. Ossification of the posterior longitudinal ligament
 - h. Prior disc surgery at the treated level
 - i. Previous fusion at any cervical level
 - j. Disc implant at more than two levels
 - k. Combined use of an artificial disc and fusion



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6. All significant psychosocial and substance abuse issues have been adequately addressed.
7. Education has been provided to the patient that:
 - a. Cigarette smoking has been shown to adversely affect cervical spinal fusion outcome AND
 - b. Smoking cessation prior to and after surgery is strongly recommended, with both pharmacologic and nonpharmacologic assistance offered.

**Radiculopathy with a motor deficit refers to depressed or asymmetrical reflexes or weakness in affected muscles in a SPECIFIC NERVE ROOT DISTRIBUTION — for example, deltoids and biceps (C5), biceps and brachioradialis (C6), triceps and wrist extensors (C7), intrinsic hand muscles (C8).

***Radiculopathy with a sensory deficit refers to numbness or pain is present in a SPECIFIC NERVE ROOT DISTRIBUTION — for example: neck, shoulder and upper arm pain (C5); neck, shoulder and radial forearm pain (C6); neck shoulder and dorsal forearm pain (C7); neck, shoulder and ulnar forearm pain (C8).

References

McKesson's InterQual® 2017 Procedures Adult Criteria, Artificial Disc Replacement, Cervical Spine.

Blue Cross/BCN Medical Policy *Artificial Intervertebral Disc: Cervical Spine* - effective date Jan. 1, 2018