Local Coverage Determination (LCD): Interspinous Process Decompression (L34006)

Contractor Information

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<th>Contractor Name</th>
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LCD Information

Document Information

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<th>LCD ID</th>
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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Interspinous Process Decompression (IPD®) is a less invasive surgical procedure in which a titanium metal implant is placed between the spinous processes of the symptomatic lumbar disc levels. The implant may be placed at two levels if necessary. It is performed as an alternative to laminectomy for patients diagnosed with lumbar spinal stenosis who exhibit symptoms of intermittent neurogenic claudication and are able to relieve their symptoms when bending forward or when the spine is in a flexed position such as when sitting. The implant is designed to limit pathologic extension of the spinal segments and maintain them in a neutral or slightly flexed position which may allow patients to resume their normal posture rather than flex the entire spine to gain symptom relief. IPD® is performed in the operating room under local, spinal or general anesthesia. It is done as either an inpatient or outpatient procedure depending upon the number of levels performed and the associated co-morbidities.

IPD® is an emerging technology. The development of this LCD will provide access to care for beneficiaries. The extent of future coverage and/or limitations will be considered as additional data regarding IPD® becomes available.

Indications

IPD® will be considered medically reasonable and necessary for patients who meet ALL of the following criteria:

- Aged 50 or older suffering from (intermittent neurogenic claudication) secondary to a confirmed diagnosis of lumbar spinal stenosis.
- with moderately impaired physical function who experience relief in flexion from their symptoms of leg/buttock/groin pain, with or without back pain; and
- Patients who have undergone at least 6 months of non operative treatment

Limitations

IPD® will not be considered medically reasonable and necessary with ANY of the following conditions:

- Allergic to titanium or titanium alloy
- Spinal anatomy or disease that would prevent implant of the device or cause the device to be unstable in situ, such as significant instability of the lumbar spine, e.g., isthmic spondylolisthesis or degenerative spondylolisthesis greater than grade 1.0 (on a scale of 1 to 4); an ankylosed segment at the affected level(s); acute fracture of the spinous process or pars interarticularis
- Significant scoliosis (Cobb angle greater than 25 degrees)
• Cauda equina syndrome defined as neural compression causing neurogenic bowel or bladder dysfunction
• Diagnosis of severe osteoporosis, defined as bone mineral density (from DEXA scan or some comparable study) in the spine or hip that is more than 2.5 SD below the mean of adult normals in the presence of one or more fragility fractures;
• Active systemic infection or infection localized at the site of implantation
• Body mass index (BMI) > 40kg/m²

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x  Hospital Inpatient (Medicare Part B only)
013x  Hospital Outpatient
085x  Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0278  Medical/Surgical Supplies and Devices - Other Implant
0360  Operating Room Services - General Classification

CPT/HCPCS Codes

Group 1
Paragraph:

Part A

Group 1 Codes:

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 OPEN DECOMPRESSION OR FUSION, INCLUDING IMAGE GUIDANCE WHEN PERFORMED, LUMBAR; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

C1821 INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)

**Group 2**

**Paragraph:**

**Part B**

**Group 2 Codes:**

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)

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ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

**ICD-10 Codes**  **Description**

M48.061 - M48.062 Spinal stenosis, lumbar region without neurogenic claudication - Spinal stenosis, lumbar region with neurogenic claudication

ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

**General Information**

**Associated Information**

**Documentation Requirements**

The medical record must contain documentation that fully supports the medical necessity of the procedure performed. This documentation includes, but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation must include evidence of six months of non operative treatment. Examples of non operative treatment include medications, corticosteroid injection therapy, rest or restricted activity, devices designed to help stabilize the spine such as back braces/corsets, and physical therapy/exercises to help stabilize the spine, that help to build endurance and increase flexibility.

The diagnosis of lumbar stenosis must be confirmed by radiological evidence i.e. a report resulting from a CT scan, MRI, or a myelogram.
Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. This procedure may be performed at one or two spinal levels. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

It is expected that the patient has not previously received a laminotomy or laminectomy at the same level of the spine as the IPD®.

Services performed on patients who have received another spinal procedure such as any spinal instrumentation (CPT codes 22840-22849) and laminectomy or laminotomy (CPT codes 63001-63048) may be subject to denial.

Sources of Information and Basis for Decision
First Coast Service Options, Inc. reference LCD number(s) – L28801, L29204, L29441


Bibliography
N/A

Revision History Information

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<th>Revision History Explanation</th>
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<td>Publication: September 2017</td>
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### Associated Documents

**Attachments**
N/A

**Related Local Coverage Documents**
N/A

**Related National Coverage Documents**
N/A

**Keywords**
N/A Read the [LCD Disclaimer](#)

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<th>Date</th>
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<tr>
<td>10/01/2017</td>
<td>R3</td>
<td>Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Added ICD-10-CM diagnosis codes M48.061 – M48.062. Deleted ICD-10-CM diagnosis code M48.06. The effective date of this revision is based on date of service.</td>
<td>ICD-10-CM Code Changes</td>
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<td>01/01/2017</td>
<td>R2</td>
<td>Added CPT and/or HCPCS code(s) for Part A and Part B, 22867-22870. Additionally, LCD revised to delete CPT/HCPCS code(s) 0171T – 0172T, for Part B and Part A. The effective date of this revision is based on date of service.</td>
<td>CPT/HCPCS Code Changes</td>
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<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.</td>
<td>Education/Guidance</td>
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