UnitedHealthcare®

Reimbursement Policy

Insertion of Posterior Spinous Process Device

Policy Number	PSP06222011RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	01/08/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Summary

Overview

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.

Reimbursement Guidelines

UnitedHealthcare will consider IPD® 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 3-6 months of non-operative conservative treatment including non-steroidal therapy, comprehensive physical therapy, and epidural injection series.

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 (T-score of -2.5 or less).
- Active systemic infection or infection localized at the site of implantation;
- Body mass index (BMI) > 40kg/m2.

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Payment for 0171T (and 0172T) will be an inclusive payment. No additional codes for approach or hardware placement should be billed or paid.

Utilization Guidelines

1. 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.
2. It is expected that the patient has not previously received a laminotomy or laminectomy at the same level of the spine as the IPD®.
3. 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.

Documentation Requirements

1. 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 and the medical records must be available request.
2. 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.
3. The diagnosis of lumbar stenosis must be confirmed by radiological evidence i.e. a report resulting from a CT scan, MRI, or a myelogram.

CPT/HCPCS Codes

Code	Description
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level
0172T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)
C1821	Interspinous process distraction device (implantable)

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous articles

CMS Transmittals

Transmittal 237, Change Request 5706, Dated 02/01/2008 (PIMR Annual Update)

UnitedHealthcare Medicare Advantage Coverage Summaries

Spine Procedures

UnitedHealthcare Reimbursement Policies

Category III CPT/HCPCS Codes

UnitedHealthcare Medical Policies

Surgical Treatment for Spine Pain

MLN Matters

Article MM5438, January 2007 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes and OPPS PRICER Logic Changes and Instructions for Updating the Outpatient Provider Specific File (OPSF)

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History	
Date	**Revisions**
01/08/2014	MRPC approved
05/21/2013	Administrative update
03/27/2013	Annual review MRPC approved
08/22/2012	Administrative update
08/15/2012	Policy reviewed
06/22/2011	Policy developed and approved

