

**Policy Name:** Interspinous and Interlaminar Stabilization/Distracton Implants

**Policy Number:** CMO 505

**Effective date of current policy:** 11/1/2018

### **Description and Scope**

This policy applies to procedures that are used to relieve symptoms of lumbar spinal stenosis, a narrowing of the passages for the spinal cord and nerves.

### **Position Statement**

Implanted devices for treatment of spinal stenosis are considered investigational and not medically necessary.

### **Background**

Interspinous and interlaminar implants (spacers) stabilize or distract the adjacent lamina and/or spinous processes and restrict extension in order to reduce pain in patients with lumbar spinal stenosis and neurogenic claudication. Interspinous spacers are small devices implanted between the vertebral spinous processes. After implantation the device is opened or expanded to distract (open) the neural foramen and decompress the nerves. Interlaminar spacers are implanted midline between adjacent lamina and spinous processes to provide dynamic stabilization following decompressive surgery.

Overall, use of interspinous or interlaminar distraction devices (spacers) used as an alternative to spinal decompression show high failure and complication rates. Greater certainty about the net health benefit of these devices may be obtained when moderately sized RCT on decompression with and without the implants are published. The evidence at this time is insufficient to determine the effects of the technology on health outcome

### **Definitions**

Spinal stenosis occurs when the spine is narrowed in one or more areas. This puts pressure on the spinal cord and nerves and may cause pain.

### **Coding**

Inclusion of a code in the following list does not imply that the procedure is medically necessary or that the code represents a covered benefit. Codes used to identify services associated with this policy may include (but may not be limited to) the following:

CPT 22867	Insertion of interlaminar/interspinous process stabilization/distracton device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
CPT 22868	Insertion of interlaminar/interspinous process stabilization/distracton device, without fusion, including image guidance when performed, with open decompression, lumbar; second level
CPT 22869	Insertion of interlaminar/interspinous process stabilization/distracton device,

without open decompression or fusion, including image guidance when performed, lumbar; single level  
 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level  
 CPT 22870  
 HCPCS: C1821 Interspinous process distraction device (implantable)

**References**

- Care guidelines from MCG ACG: A-0494 (AC)
- Interlaminar/Interspinous Process Distraction Devices for Neurogenic Claudication or Lumbar Spinal Stenosis. Center for Evidence-based Policy. Oregon Health & Science University.
- Hayes, Inc. Clinical Research Response. Superior Interspinous Spacer System (Vertiflex Inc.) for Spinal Stenosis. Lansdale, PA: May 17, 2018.
- Hayes, Inc. Health Technology Brief AxialLIF (Axial Lumbar Interbody Fusion) System (TranS1 Inc.) for Percutaneous Lumbosacral Surgery. Lansdale, PA: Archived 2015.
- Hayes, Inc. Health Technology Brief. Coflex Interlaminar Stabilization Device (Paradigm Spine LLC) for Treatment of Lumbar Spinal Stenosis. Lansdale, PA: Updated September 2018.
- Hayes, Inc. Health Technology Brief. eXtreme Lateral Interbody Fusion (XLIF; NuVasive Inc.) for Treatment of Degenerative Spinal Disorders Lansdale, PA: Updated June 2018.
- Hayes, Inc. Health Technology Brief. Minimally Invasive Lumbar Decompression (mild; Vertos Medical Inc.) for Lumbar Spinal Stenosis Lansdale, PA: October 2014.
- Hayes, Inc. Health Technology Brief. Percutaneous sacroplasty for treatment of sacral insufficiency fractures. Lansdale, PA: Updated September 2014

**Medical Policy Committee History and Revisions**

Date	Action
July 24, 2018	Initial approval by Medical Policy and Benefits Committee
June 25, 2019	Reformatted for clarity. Updated references. Added a definition of spinal stenosis
May 26, 2020	Expanded policy to apply to all reviews

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**Disclaimer**

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.