**Policy Name:** Interspinous and Interlaminar Stabilization/Distraction 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/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

- **CPT 22868**  
  Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level

- **CPT 22869**  
  Insertion of interlaminar/interspinous process stabilization/distraction 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)

Medical Policy Committee History and Revisions

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