Medical Policy

**Interspinous and Interlaminar Stabilization-Distraction Devices - Spacers**

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**Policy Number:** 584  
BCBSA Reference Number: 7.01.107

**Related Policies**
- Ultrasound Accelerated Fracture Healing Device, #497
- Electrical Stimulation of the Spine as an Adjunct to Spinal Fusion Procedures, #498
- Bone Morphogenetic Protein, #097

**Policy**

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity**

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Interspinous distraction devices are **INVESTIGATIONAL** as a treatment of neurogenic intermittent claudication.

Use of an interlaminar stabilization device following decompressive surgery is **INVESTIGATIONAL**.

**Prior Authorization Information**

**Commercial Members: Managed Care (HMO and POS)**

This is not a covered service.

**Commercial Members: PPO, and Indemnity**

This is not a covered service.

**Medicare Members: HMO BlueSM**

This is not a covered service.

**Medicare Members: PPO BlueSM**

This is not a covered service.

**CPT Codes / HCPCS Codes / ICD-9 Codes**

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s
contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

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<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>0171T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level</td>
</tr>
<tr>
<td>0172T</td>
<td>Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion, and imaging guidance), lumbar; each additional level</td>
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### HCPCS Codes

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<th>HCPCS codes</th>
<th>Code Description</th>
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<tr>
<td>C1821</td>
<td>Interspinous process distraction device (implantable)</td>
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### Description

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.

Interspinous spacers are devices implanted between vertebral spinous processes. Interlaminar spacers are implanted between adjacent lamina and have 2 sets of wings that are placed around the inferior and superior spinous processes. These implants aim to restrict painful motion while otherwise enabling normal motion. The devices (spacers) distract the laminar space and/or spinous processes and restrict extension. This procedure theoretically, enlarges the neural foramen and decompresses the cauda equina in patients with spinal stenosis and neurogenic claudication. Other types of dynamic posterior stabilization devices are pedicle screw/rod-based devices and total facet replacement systems; these are not covered in this policy.

One type of interspinous implant is inserted between the spinous processes through a small (4–8 cm) incision and acts as a spacer between the spinous processes, maintaining the flexion of that spinal interspace. The supraspinous ligament is maintained and assists in holding the implant in place. The surgery does not include any laminotomy, laminectomy, or foraminotomy at the time of insertion, thus reducing the risk of epidural scarring and cerebrospinal fluid leakage. Other interspinous spacers require removal of the interspinous ligament and are secured around the upper and lower spinous processes. Interlaminar implants are inserted between the adjacent lamina and spinous processes following decompressive surgery.

### Summary

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. Although the randomized device trials report short-term improvements in symptoms and functional status when compared to non-operative therapy, a number of questions remain. Overall, high-quality comparative data are limited. There is a need for longer-term (more than 2 years) outcome data on symptom relief, the need for repeat procedures, and implant survival. Future studies need to better control for potential biases and avoid other methodologic issues, including follow-up of patients in the control group and consistent use of outcome measurements. There are also questions about patient selection criteria; for instance, whether patients with any degree of spondylolisthesis should be excluded from this treatment. In addition, comparisons with decompressive surgery without an interlaminar implant are lacking, and recent case series indicate that outcomes may be less favorable.
than those reported in the multi-center randomized trial. Because the impact of this technology on net health outcome is not known, these devices are considered investigational.

**Policy History**

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<tr>
<td>9/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**


