Policy Name: Interspinous and Interlaminar Stabilization/Distraction Implants  
Policy Number: CMO 505  
Effective Date of current policy: 9/1/2018

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.

Definitions
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 recently completed and 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.

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:

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. Health Technology Brief. eXtreme Lateral Interbody Fusion (XLIF;


**Medical Policy Committee History and Revisions**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 24, 2018</td>
<td>Initial approval by Medical Policy and Benefits</td>
</tr>
</tbody>
</table>

**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.