Note: The prior authorization requirement was removed effective March 24, 2014. However, providers must ensure the criteria set forth in the policy are met as claims will adjudicate per medical policy.

I. POLICY/Criteria

Lumbar laminectomy including discectomy or microdiscectomy, foraminotomy and laminotomy are covered when one or more of the following criteria are met:

1. Emergency surgery is required, as evidenced by the presence of all of the following:
   a. Rapidly deteriorating neurologic findings (defined as operation < 24 hours from presentation); and
   b. Neurologic findings correlate with imaging evidence.

2. Elective surgery is required, as evidenced by the presence of all of the following:
   a. Herniated disc with all of the following:
      i. Nerve, spinal cord, or dural sac impingement on MRI or other imaging studies
      ii. Imaging findings are consistent with clinical exam findings
      iii. Physical findings consistent with impingement including at least one of the following:
         1. Motor weakness
         2. Loss of lower extremity reflex
         3. Loss of skin sensation
         4. Positive straight leg or cross straight leg raise test
      iv. Symptoms have not improved after at least six weeks of medical management, such as medication and physical therapy
      v. Participation in Spine Centers of Excellence physiatry program

3. The following procedures are not covered even if criteria in #1 or #2 above are met:

   Automated Percutaneous Lumbar Discectomy (APLD)
   Automated percutaneous lumbar discectomy (APLD) is considered investigational and is not a covered benefit.
The following procedures (coded the same as APLD) are also not covered:

- DISC Nucleoplasty
- Intradiscal Thermal Anuloplasty
- Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT)
- Percutaneous endoscopic discectomy with or without laser (PELD) (also known as arthroscopic microdiscectomy or Yeung Endoscopic Spinal Surgery System (Y.E.S.S.))
- Percutaneous lumbar discectomy or laser-assisted disc decompression (LADD)
- Microendoscopic discectomy (MED) procedure for decompression of lumbar spine stenosis, lumbar disc herniation, or other indications
- Percutaneous HydroDiscectomy Surgical Technique
  /HydroCision/SpineJet HydroSurgery System

**IDET and Other Thermal Intradiscal Procedures (TIPs)**

Review of the evidence for the use of IDET and other TIPs with or without disc decompression for low back pain does not demonstrate improved health outcomes. Lacking evidence of clinical improvement, the following procedures are considered experimental and investigational and are not a covered benefit:

a. Intradiscal electrothermal therapy (IDET)

b. Intradiscal electrothermal annuloplasty (IEA)

c. Intradiscal thermal anuloplasty (IDTA)

d. Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)

e. Percutaneous radiofrequency thermomodulation

f. Coblation percutaneous disc decompression

g. Nucleoplasty

h. Radiofrequency annuloplasty (RA)

i. Intradiscal biacuplasty (IDB)

j. Percutaneous (or plasma) disc decompression (PDD)

k. Targeted disc decompression (TDD)

TIPs may also be identified or labeled based on the name of the catheter/probe that is used (e.g., SpineCath, discTRODE, Accuthem, or TransDiscal electrodes).

*See also Spine Procedures policy #91581, Lumbar Fusion policy #91590 and Spine Centers of Excellence policy #91531.

**II. MEDICAL TERMS**

**Laminectomy**: A decompression surgery to remove the lamina — the back part of the vertebra that covers the spinal canal. Laminectomy enlarges the spinal
canal, relieving pressure on the spinal cord or nerves caused by narrowing of the spine (spinal stenosis). Laminectomy may also be performed as part of surgical treatment for a herniated disk.

**Discectomy:** The surgical removal of part of an intervertebral disc, to provide decompression and relieve pressure of the disc on the adjacent nerve. A microdiscectomy is an endoscopic and minimally invasive surgical procedure.

**Foraminectomy:** A decompression surgery performed to enlarge the passageway where a spinal nerve root leaves the spinal canal.

**Laminotomy:** A decompression surgery involving the partial removal of the lamina, a thin bony layer that covers and protects the spinal cord.

### III. MEDICAL NECESSITY REVIEW

☐ Required  ☒ Not Required  ☐ Not Applicable

### IV. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.
V. DESCRIPTION
This medical policy addresses clinical indications for spinal decompression surgeries, including discectomies.

VI. CODING INFORMATION

ICD-10 Codes that may apply:

*Members with the following diagnoses may need evaluation per medical policy #91531 Spine Centers of Excellence. Diagnoses listed do not automatically verify that criteria are met.*

- G54.1 Lumbosacral plexus disorders
- G57.00 - G57.02 Complete lesion of lumbar spinal cord
- G83.4 Cauda equina syndrome

- M 99.64 Osseous and subluxation stenosis of intervertebral foramina of sacral region
- M19.90 Unspecified osteoarthritis, unspecified site
- M25.50 Pain in unspecified joint

- M43.06 – M43.07 Lumbar spondylolysis
- M43.16 – M43.17 Lumbar spondylolisthesis
- M45.6 – M45.7 Ankylosing spondylitis lumbar region
- M46.46 – M46.47 Lumbar discitis
- M47.16 – M47.17 Other lumbar spondylosis with myelopathy
- M47.26 – M47.26 Other lumbar spondylosis with radiculopathy
- M47.816 – M47.817 Spondylosis without myelopathy or radiculopathy, lumbar
- M47.896 – M47.897 Other spondylosis, lumbar
- M48.06 – M48.07 Spinal stenosis, lumbar
- M48.8X7 Other specified spondylopathies, lumbosacral region
- M48.8X9 Other specified spondylopathies, site unspecified

- M51.06 – M51.07 Intervertebral disc disorders with myelopathy, lumbar
- M51.16 – M51.17 Intervertebral disc disorders with radiculopathy, lumbar
- M51.26 – M51.27 Other intervertebral disc displacement, lumbar
- M51.36 – M51.37 Other intervertebral disc degeneration, lumbar
- M51.86 – M51.87 Other intervertebral disc disorders, lumbar
- M54.16 – M54.17 Lumbar radiculopathy
- M54.30 – M54.32 Sciatica
- M54.40 – M54.42 Lumbago with sciatica
- M54.5 Low back pain
- M99.23 – M99.24 Subluxation stenosis of neural canal, lumbar
- M99.33 – M99.4 Osseous stenosis of neural canal, lumbar
- M99.43 – M99.44 Connective tissue stenosis of neural canal, lumbar
- M99.53 – M99.54 Intervertebral disc stenosis of neural canal, lumbar
- M99.63 Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.73 – M99.74  Connective tissue and disc stenosis of intervertebral foramina, lumbar
Q76.2  Congenital spondylolisthesis
M48.46XA-M48.46XS  Fatigue fracture of vertebra, lumbar region
M48.47XA-M48.47XS  Fatigue fracture of vertebra, lumbosacral region
M48.56XA-M48.56XS  Collapsed vertebra, not elsewhere classified, lumbar region,
M48.57XA-M48.47XS  Collapsed vertebra, not elsewhere classified, lumbosacral region,
S32.000A-S32.059S  Fracture of lumbar spine
S33.100A-S33.39XS  Subluxation/dislocation of lumbar vertebra
S34.101A–S34.129S  Unspecified injury to lumbar spinal cord
S34.4XXA-S34.4XXS  Injury of lumbosacral plexus

CPT/HCPCS Codes:
22102  Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22114  Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
63005  Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
63012  Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63017  Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63030  Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar
63035  Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
63042  Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63044  Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
63047  Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

63048  Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

63056  Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)

63057  Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)

63087  Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment

63088  Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)

63090  Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment

63091  Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)

63102  Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment

63185  Laminectomy with rhizotomy; 1 or 2 segments

63190  Laminectomy with rhizotomy; more than 2 segments

63191  Laminectomy with section of spinal accessory nerve

63200  Laminectomy, with release of tethered spinal cord, lumbar

63267  Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar

63272  Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar

63277  Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar

63282  Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63290  Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level

63303  Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach

63307  Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach

**Not Covered:**

0200T  Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles

0201T  Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles

0202T  Posterior vertebral joint(s) arthroplasty (e.g. facet joint(s) replacement) inc facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, inc fluoroscopy, single level, lumbar spine

0219T  Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical

0220T  Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic

0221T  Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar

0222T  Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)

0274T  Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic

0275T  Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar

22526  Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level

22527  Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or more additional levels (List separately in addition to code for primary procedure)
22899  Unlisted procedure, spine (when billed for any of the listed, not covered procedures)

64999  Unlisted procedure, nervous system

Explanatory notes must accompany claims billed with unlisted codes

62287  Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)

C2614  Probe, percutaneous lumbar discectomy

S2348  Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

S2350  Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace

S2351  Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)

VII. REFERENCES

Automated Percutaneous Lumbar Discectomy (APLD)
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**IDET and Other Thermal Intradiscal Procedures (TIPs)**


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Summary of Davis, et.al. (HAYES Alert, Study Questions Benefits of IDET for Chronic Low Back Pain, June 2004).


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