

SHP Cervical Laminectomy

AUTH: SHP Surgical 122 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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A cervical laminectomy is a surgery that creates space by removing of the lamina, the back portion of a spinal bone in the neck. The laminectomy procedure removes pressure on the spinal cord caused by stenosis, spondylosis, intervertebral disc prolapse, degenerative changes, arthritis, or trauma.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of cervical laminectomy for the following as they are not shown to improve health outcomes upon technology review:
 - Minimally invasive/endoscopic cervical laminoforaminotomy for cervical radiculopathy/lateral and foraminal cervical disc herniations or other indications
- There is insufficient scientific evidence to support the medical necessity of cervical laminectomy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Cervical Laminectomy is considered medically necessary for **1 or more** of the following
 - Treatment of myelopathy secondary to cervical spondylopathy, as indicated by **ALL** of the following
 - Spondylopathy at 3 or more levels
 - Signs or symptoms of myelopathy, as indicated by **1 or more** of the following
 - Upper limb weakness in more than single nerve root distribution
 - Lower limb weakness in upper motor neuron distribution
 - Loss of dexterity (eg, clumsiness of hands)
 - Bowel or bladder incontinence
 - Frequent falls
 - Hyperreflexia
 - Hoffmann sign
 - Increased extremity muscle tone or spasticity
 - Gait abnormality
 - Positive Babinski sign
 - Alternative clinical signs or symptoms of myelopathy
 - MRI or other neuroimaging finding demonstrates cord compression from spondylosis that corresponds with clinical presentation
 - Ossification of posterior longitudinal ligament with associated myelopathy
 - Congenital cervical stenosis or Chiari malformation with impending or actual cord compression
 - Basilar impression
 - Cord compression due to rheumatoid arthritis (in conjunction with posterior fusion procedure for stabilization)
 - Biopsy or excision of spinal lesions (eg, neoplasm, arteriovenous malformation)
 - Infection of cervical spine requiring decompression or debridement
 - Cervical intradural disk herniation
 - Need for procedure as part of treating cervical spine injury (eg, trauma), as indicated by **ALL** of the following
 - Acutely symptomatic cervical radiculopathy or myelopathy
 - MRI or other neuroimaging finding (eg, cord compression, root compression) demonstrates pathologic anatomy corresponding to symptoms.
- Cervical laminectomy is **NOT COVERED** for **ANY** of the following
 - Minimally invasive/endoscopic cervical laminoforaminotomy for cervical radiculopathy/lateral and foraminal cervical disc herniations or other indications

Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: November 2022

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 63001 - 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; cervical
 - CPT 63015 - 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; cervical
 - CPT 63045 - 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; cervical
 - CPT 63050 - Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
 - CPT 63051 - Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)
 - CPT 63081 - Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
 - CPT 63082 - Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
 - CPT 63185 - Laminectomy with rhizotomy; 1 or 2 segments
 - CPT 63190 - Laminectomy with rhizotomy; more than 2 segments
 - CPT 63191 - Laminectomy with section of spinal accessory nerve
 - CPT 63250 - Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
 - CPT 63265 - Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
 - CPT 63270 - Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
 - CPT 63275 - Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
 - CPT 63280 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
 - CPT 63285 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
 - CPT 63300 - Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
 - CPT 63304 - Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 0274T - Percutaneous laminotomy/laminectomy (interlaminar 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), single or multiple levels, unilateral or bilateral; cervical or thoracic

References

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Codes

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