SHP Lumbar Laminectomy

AUTH: SHP Surgical 121 (AC)

Link to Codes

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 lumbar laminectomy is a surgery that creates space between the vertebrae by removing bone spurs and other tissues associated with arthritis of the spine. Generally, lumbar laminectomies involve removing a small piece of the lamina of the small bones of the vertebrae. Laminectomies enlarge the spinal canal, leading to pressure relief on the spinal cord or nerves. Laminectomies are often considered a part of a decompression surgery.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of lumbar laminectomy for the following as they are not shown to improve health outcomes upon technology review:
  - Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System)
  - Coblation nucleoplasty
  - Coblation percutaneous disc decompression
  - Endoscopic epidural adhesiolysis
  - Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation)
  - Endoscopic transforaminal diskectomy
  - Epidural fat grafting during lumbar decompression laminectomy/discectomy
  - Minimally Invasive Lumbar Decompression (MILD)
  - Percutaneous Laminotomy/Laminectomy
- There is insufficient scientific evidence to support the medical necessity of lumbar laminectomy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Lumbar Laminectomy is considered medically necessary for **1 or more** of the following
  - Spinal cord compression (myelopathy), as indicated by **ALL** of the following
    - Progressive or severe neurologic deficits consistent with spinal cord compression (eg, bladder or bowel incontinence)
    - Imaging findings of lumbar cord compression that correlate with clinical findings
  - Cauda equina syndrome, as indicated by **1 or more** of the following
    - Bowel dysfunction
    - Bladder dysfunction
    - Saddle anesthesia
    - Bilateral lower extremity neurologic abnormalities
  - Lumbar spinal stenosis, as indicated by **1 or more** of the following
    - Rapidly progressive or very severe symptoms of neurogenic claudication with imaging findings of lumbar spinal stenosis that correlate with clinical findings
    - Leg or buttock neurogenic claudication symptoms and **ALL** of the following
      - Symptoms that are persistent and disabling
      - Imaging findings of lumbar spinal stenosis that correlate with clinical findings
      - Failure of 3 months of nonoperative therapy
  - Lumbar spondylolisthesis, as indicated by **1 or more** of the following
    - Rapidly progressive or severe neurologic deficits (eg, bowel or bladder dysfunction)
    - Symptoms requiring treatment, as indicated by **ALL** of the following
      - Individual has persistent disabling symptoms, including **1 or more** of the following
        - Low back pain
        - Neurogenic claudication
        - Radicular pain
      - Treatment is indicated by **ALL** of the following
        - Listhesis demonstrated on imaging

        - Symptoms that correlate with findings on MRI or other imaging
        - Failure of 3 months of nonoperative therapy
    - Lumbar disk disease and **ALL** of the following
        - Individual has unremitting radicular pain or progressive weakness secondary to nerve root compression
        - Imaging findings of lumbar disk disease that correlate with clinical findings
        - Failure of 6 weeks of nonoperative therapy that includes **1 or more** of the following
            - Medication (eg, NSAIDs, analgesics)
            - Physical therapy
            - Epidural corticosteroid
    - Dorsal rhizotomy for spasticity (eg, cerebral palsy)
    - Signs or symptoms of lumbar disease (eg, pain, motor weakness, bowel or bladder incontinence) secondary to tumor or neoplasm
    - Signs or symptoms of lumbar disease (eg, pain, motor weakness, bowel or bladder incontinence) secondary to infectious process (eg, epidural abscess)
    - Signs or symptoms of lumbar disease (eg, pain, motor weakness, bowel or bladder incontinence) secondary to acute trauma
- Lumbar laminectomy is **NOT COVERED** for **ANY** of the following
    - Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System)
    - Coblation nucleoplasty
    - Coblation percutaneous disc decompression
    - Endoscopic epidural adhesiolysis
    - Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation)
    - Endoscopic transforaminal diskectomy
    - Epidural fat grafting during lumbar decompression laminectomy/discectomy
    - Minimally Invasive Lumbar Decompression (MILD)
    - Percutaneous Laminotomy/Laminectomy

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 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
    - CPT 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)
    - CPT 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
    - CPT 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
    - CPT 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 vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
    - CPT 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)
    - CPT 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)
    - CPT 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
    - CPT 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)
    - CPT 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
    - CPT 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)
    - CPT 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
    - CPT 63103 - 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); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
    - CPT 63170 - Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
    - CPT 63185 - Laminectomy with rhizotomy; 1 or 2 segments
    - CPT 63190 - Laminectomy with rhizotomy; more than 2 segments
    - CPT 63200 - Laminectomy, with release of tethered spinal cord, lumbar
    - CPT 63252 - Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
    - CPT 63267 - Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
    - CPT 63272 - Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
    - CPT 63277 - Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
    - CPT 63282 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
    - CPT 63287 - Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
    - CPT 63290 - Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level
- CPT/HCPCS codes considered not medically necessary per this Policy:
    - CPT 0275T - 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; lumbar

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