

SHP Lumbar Discectomy

AUTH: SHP Surgical 120 (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 lumbar discectomy is surgery that removes the damaged part of a disk in the spine that has herniated its soft center, pushing out through the tough outer lining. The surgical technique allows for all or part of the disk between the lumbar vertebrae to be removed to ease the pressure on nearby nerves.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of lumbar discectomy for the following as they are not shown to improve health outcomes upon technology review:
 - Devices for annular repair (e.g., Inclose Surgical Mesh System)
 - Endoscopic anterior spinal surgery/Yeung endoscopic spinal system (YESS)/percutaneous endoscopic discectomy (PELD) arthroscopic microdiscectomy, selective endoscopic discectomy (SED)
 - Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System
 - Epidural fat grafting during lumbar decompression laminectomy/discectomy
 - Far lateral microendoscopic discectomy (FLMED) for extra-foraminal lumbar disc herniations or other indications
 - Intradiscal and/or paravertebral oxygen/ozone injection
 - Laser-assisted discectomy
 - Microendoscopic discectomy (MED; same as lumbar endoscopic discectomy utilizing microscope) procedure for decompression of lumbar spine stenosis, lumbar disc herniation, or other indications
 - Minimally invasive thoracic discectomy for the treatment of back pain
- There is insufficient scientific evidence to support the medical necessity of lumbar discectomy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Lumbar Discectomy is considered medically necessary for **1 or more** of the following
 - Cauda equina or spinal cord compression (myelopathy), as indicated by **ALL** of the following
 - Progressive or severe neurologic deficits consistent with cauda equina or spinal cord compression (eg, bladder or bowel incontinence)
 - Imaging findings of compression that correlate with clinical findings
 - Lumbar radiculopathy and **ALL** of the following
 - Individual has unremitting radicular pain or progressive weakness secondary to nerve root compression
 - Failure of 6 weeks of nonoperative therapy that includes **1 or more** of the following
 - Medication (eg, NSAIDs, analgesics)
 - Physical therapy
 - Epidural or oral corticosteroid
 - MRI or other neuroimaging finding correlates with clinical signs and symptoms
 - Lumbar spondylolisthesis, as indicated by **1 or more** of the following
 - Rapidly progressive or very 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 correlate with findings on MRI or other imaging
 - Failure of 3 months of nonoperative therapy

- Lumbar discectomy is **NOT COVERED** for **ANY** of the following
 - Devices for annular repair (e.g., Inclose Surgical Mesh System)
 - Endoscopic anterior spinal surgery/Yeung endoscopic spinal system (YESS)/percutaneous endoscopic discectomy (PELD) arthroscopic microdiscectomy, selective endoscopic discectomy (SED)
 - Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System
 - Epidural fat grafting during lumbar decompression laminectomy/discectomy
 - Far lateral microendoscopic discectomy (FLMED) for extra-foraminal lumbar disc herniations or other indications
 - Intradiscal and/or paravertebral oxygen/ozone injection
 - Laser-assisted discectomy
 - Microendoscopic discectomy (MED; same as lumbar endoscopic discectomy utilizing microscope) procedure for decompression of lumbar spine stenosis, lumbar disc herniation, or other indications
 - Minimally invasive thoracic discectomy for the treatment of back pain

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 62380 - Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
 - CPT 63030 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
 - CPT 63035 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
 - CPT 63042 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
 - CPT 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)
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 62287 - Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

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