

Lumbar Laminectomy, Surgical 121

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Coverage Policy Surgical 121

Version 6.1

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.*

Description & Definitions:

Lumbar Laminectomy is a surgery that creates space between the vertebrae by 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 decompression surgery.

Other common names: Lumbar Decompression, percutaneous lumbar decompression, or percutaneous image-guided lumbar decompression (PILD).

Criteria:

Lumbar Laminectomy is considered medically necessary for **ALL** of the following:

- Individual has diagnoses with **1 or more** of the following:
 - Cauda equina or spinal cord compression (myelopathy)
 - Dorsal rhizotomy for spasticity (eg, cerebral palsy)
 - Evacuation of an Epidural/subdural hematoma to decompress the spinal canal
 - Lumbar disk disease
 - Lumbar radiculopathy
 - Lumbar spinal stenosis
 - Lumbar spondylolisthesis
 - Primary or recurrent lumbar disc herniation
 - Synovial facet
 - Symptoms secondary to **1 or more** of the following:
 - Acute trauma
 - Infection involving the disc space (eg, epidural abscess)
 - Tumor or neoplasm
 - Spinal fracture to perform **1 or more** of the following:
 - Removal of fractured posterior elements causing spinal stenosis
 - Access the spinal canal to address retropulsion of the vertebral body
 - Surgery to repair a traumatic cerebrospinal fluid leak
- Individual has disabling symptoms, requiring treatment, as indicated by **1 or more** of the following:
 - Individual has unremitting radicular pain or progressive weakness secondary to nerve root compression
 - Progressive or severe neurologic deficits consistent with cauda equina or spinal cord compression (eg, bladder or bowel incontinence)

- Chronic low back pain
- Neurogenic claudication

- Individual must be a nonsmoker and in the absence of progressive neurological compromise will refrain from use of tobacco products for at least 6 weeks prior to the planned surgery and 6 weeks after the surgery (If individual is a smoker, cessation must be confirmed by a negative urine nicotine test, prior to surgery approval).
- Surgical treatment is indicated by **ALL** of the following:
 - Confirmed by imaging studies (e.g., CT or MRI) at the levels corresponding to the neurologic findings
 - Failure of nonoperative therapy that includes **1 or more** of the following:
 - Medication (eg, NSAIDs, analgesics, gabapentinoids) for 6 weeks
 - Physical therapy for 6 weeks
 - Epidural steroid injection(s) or selective nerve root block(s) performed at the same level(s) as the requested surgery

Lumbar Laminectomy is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- 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:

Revised Dates:

- 2025: December – coding update.
- 2025: August – Implementation date of December 1, 2025. Housekeeping (simplify criteria) and new format
- 2024: June - added codes 22845-22847
- 2023: October

Reviewed Dates:

- 2024: October – no changes references updated

Origination Date: July 2023

Coding:

Medically necessary with criteria:

| Coding | Description |
|--------|--|
| 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) |
| 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) |
| 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) |
| 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 |
| 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 |

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| 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 vertebral 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 |
| 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) |
| 63170 | Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments |
| 63190 | Laminectomy with rhizotomy; more than 2 segments |
| 63200 | Laminectomy, with release of tethered spinal cord, lumbar |
| 63252 | Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar |
| 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 |
| 63287 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar |
| 63290 | Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural |

Considered Not Medically Necessary:

| Coding | Description |
|--------|-------------|
| | None |

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage:

- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
 - Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - Medicare Search - [MCD Search](#)

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Lumbar Laminectomy, SHP Surgical 121, Spinal cord compression, myelopathy, neurologic deficits, Cauda equina syndrome, Lumbar spinal stenosis, Lumbar spondylolisthesis, Dorsal rhizotomy, Annulus repair devices, Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology System, DART System, Coblation nucleoplasty, Coblation percutaneous disc decompression, Endoscopic epidural adhesiolysis, Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, rhizotomy, endoscopic radiofrequency ablation, Endoscopic transforaminal discectomy, Epidural fat grafting during lumbar decompression laminectomy/discectomy, Minimally Invasive Lumbar Decompression, MILD, Percutaneous Laminotomy/Laminectomy