Lumbar Laminectomy, Surgical 121

Table of Content

Effective Date	12/1/2025
Next Review Date	8/2026
Coverage Policy	Surgical 121
Version	7

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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
- Present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by Level of Care Guidance for Observation (OBS) vs Inpatient (IP) Hospital Stays criteria located in Medical 350.

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: 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-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
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

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

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 Virginia Medicaid Products
- Authorization requirements
  - Precertification required by Plan
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf
  - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

References used include but are not limited to the following: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 6 2025, from MCG: https://careweb.careguidelines.com/ed29/index.html

(2025). Retrieved 7 2025, from CMS: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=lumbar&keywordType=all&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

(2025). Retrieved 7 2025, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Lumbar%2520Laminectomy%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources

NASS Coverage Policy Recommendations. (2025). Retrieved 7 2025, from North American Spine Society (NASS): https://www.spine.org/

Spine Surgery 2024-10-20. (n.d.). Retrieved 7 2025, from Carelon: https://guidelines.carelonmedicalbenefitsmanagement.com/spine-surgery-2024-10-20/

Subacute and chronic low back pain: Surgical treatment. (2023, 9). Retrieved 7 2025, from UpToDate: https://www.uptodate.com/contents/subacute-and-chronic-low-back-pain-surgical-treatment?search=Lumbar%20Discectomy&source=search_result&selectedTitle=1~3&usage_type=default&display_rank=1

Provider Manual. (2025). Retrieved 7 2025, from DMAS: https://www.dmas.virginia.gov/for-providers/

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 diskectomy, Epidural fat grafting during lumbar decompression laminectomy/discectomy, Minimally Invasive Lumbar Decompression, MILD, Percutaneous Laminotomy/Laminectomy