

Lumbar Laminectomy

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Coverage Policy Surgical 121
Version 3

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 be 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.*.

Purpose:

This policy addresses Lumbar Laminectomy of the spine.

Description & Definitions:

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 decompression surgery.

Criteria:

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**
- **Synovial facet cyst** associated with **1 or more** radiculopathy or neurogenic claudication symptoms:
 - Individual with symptoms of neurogenic claudication/radiculopathy that correlate with imaging
 - Individual has failed a minimum 6 weeks of conservative treatment
 - The initial 6 weeks of conservative treatment can be mitigated by **1 or more** of the following:
 - Severity of symptoms leads to forced bed rest or places the individual at significant risk for a fall
 - Stenosis results in functionally limiting motor weakness
 - Progressive neurologic deficit
 - Individual symptoms are so severe they prevent work
 - Individual not responding to initial treatment
- **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
- **Evacuation of an Epidural/subdural hematoma** to decompress the spinal canal

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 discectomy
- Epidural fat grafting during lumbar decompression laminectomy/discectomy
- Minimally Invasive Lumbar Decompression (MILD)
- Percutaneous Laminotomy/Laminectomy

Coding:

Medically necessary with criteria:

Coding	Description
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
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

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: October

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- July 2023

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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Spine Surgery. (2023-09-10). Retrieved Sept 26, 2023, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/spine-surgery-2023-09-10/?highlight=LAMINECTOMY&hilit=LAMINECTOMY>

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 be 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.*

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