

Lumbar Laminectomy, Surgical 121

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[Coverage Policy](#) Surgical 121

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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
- 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 discectomy
- 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
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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
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
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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.

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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Commercial
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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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(2025). Retrieved 7 2025, from Hayes:

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