

Cervical Laminectomy, Surgical 122

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<u>Version</u>	2

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [*](#).

Purpose:

This policy addresses Cervical Laminectomy of the spine.

Description & Definitions:

Cervical Laminectomy is a surgery that creates space by removing of the lamina, the back portion of a spinal bone in the neck. The laminectomy procedure removes pressure on the spinal cord caused by stenosis, spondylosis, intervertebral disc prolapse, degenerative changes, arthritis, or trauma.

Criteria:

Cervical Laminectomy is considered medically necessary for **1 or more** of the following:

- Treatment of myelopathy secondary to cervical spondylopathy, as indicated by **ALL** of the following:
 - Spondylopathy at 3 or more levels
 - Signs or symptoms of myelopathy, as indicated by **1 or more** of the following:
 - Upper limb weakness in more than single nerve root distribution
 - Lower limb weakness in upper motor neuron distribution
 - Loss of dexterity (eg, clumsiness of hands)
 - Bowel or bladder incontinence
 - Frequent falls
 - Hyperreflexia
 - Hoffmann sign
 - Increased extremity muscle tone or spasticity
 - Gait abnormality
 - Positive Babinski sign
 - Alternative clinical signs or symptoms of myelopathy
 - MRI or other neuroimaging finding demonstrates cord compression from spondylosis that corresponds with clinical presentation
- Ossification of posterior longitudinal ligament with associated myelopathy
- Congenital cervical stenosis or Chiari malformation with impending or actual cord compression
- Basilar impression
- Cord compression due to rheumatoid arthritis (in conjunction with posterior fusion procedure for stabilization)

- Biopsy or excision of spinal lesions (eg, neoplasm, arteriovenous malformation)
- Infection of cervical spine requiring decompression or debridement
- Cervical intradural disk herniation
- Need for procedure as part of treating cervical spine injury (eg, trauma), as indicated by **ALL** of the following:
 - Acutely symptomatic cervical radiculopathy or myelopathy
 - MRI or other neuroimaging finding (eg, cord compression, root compression) demonstrates pathologic anatomy corresponding to symptoms.
- Spinal stenosis in the cervical spine, including recurrent spinal stenosis, congenital stenosis, or stenosis caused by cervical spondylosis or ossification of the posterior longitudinal ligament (OPLL) meeting **1 or more** of the following criteria:
 - Signs and symptoms of cervical myelopathy associated with diagnostic imaging.
 - Decompression of the neural elements as an addition to stabilize when mechanical spinal column instability is indicated.
 - Myelomalacia causing spinal cord in an area of spinal cord compression or instability
- Tumor or metastatic neoplasm in **1 or more** of the following cases:
 - Open biopsy for tissue diagnosis performed.
 - Removal of tumor to decompress the spinal canal or neural elements.
 - Intradural lesion (intradural tumor, arachnoid cyst, vascular malformation or hematoma) requiring laminectomy or laminoplasty to access the thecal sac
- Evacuation of an Epidural/subdural hematoma to decompress the spinal canal

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

- Minimally invasive/endoscopic cervical laminoforaminotomy for cervical radiculopathy/lateral and foraminal cervical disc herniations or other indications

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)
63001	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; cervical
63015	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; cervical
63045	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; cervical
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment

63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63185	Laminectomy with rhizotomy; 1 or 2 segments
63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical

Considered Not Medically Necessary:

Coding	Description
0274T	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; cervical or thoracic

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

Document History:

Revised Dates:

- 2024: June – added codes 22845-22847
- 2023: October

Reviewed Dates:

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Effective Date:

- 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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Special Notes: *

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.

Keywords:

Cervical Laminectomy, SHP Surgical 122, myelopathy, cervical spondylopathy, Spondylopathy, Ossification, posterior longitudinal ligament, associated myelopathy, Congenital cervical stenosis, Chiari malformation, cord compression, Basilar impression, Infection of cervical spine requiring decompression or debridement, Cervical intradural disk herniation, cervical spine injury, cervical radiculopathy, cervical myelopathy