

## Cervical Laminectomy, Surgical 122

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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:

A 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.

An ambulatory procedure may include one postoperative overnight stay in a facility; therefore, MCG's ambulatory Goal Length of Stay (GLOS) attainment calculation reports the sum of same-day and next-day postoperative discharges. Depending on various patient and procedural factors, some patients undergoing a procedure with an ambulatory GLOS require inpatient care (eg, medical necessity for hospital-based care across 2 or more postoperative midnights).

*Note: Goal Length of Stay assumes optimal recovery, decision making, and care. Patients may be discharged to a lower level of care (either later than or sooner than the goal) when it is appropriate for their clinical status and care needs.*

### Criteria:

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

- Procedure 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
- Procedure will be approved as ambulatory (outpatient) unless additional criteria are met as **by the 1 or more** following:
  - No anticipated length of stay beyond ambulatory (outpatient) time frame.
  - Procedure on 2 or more vertebral segments (Expect brief (1 to 3 days) stay extension)
  - Neoplasm, vascular malformation, or other intraspinal lesion necessitating procedure (Expect brief (1 to 3 days) stay extension)
  - Vertebral corpectomy (vertebral body resection) in patient age 65 years or older
  - Infectious cause by **ALL** of the following:
    - Patient with infectious basis for cervical disease may require longer observation on parenteral antibiotics and confirmation of culture results.
  - Severe deficit or injury evidence by **1 or more** of the following:
    - Patient with significant neurologic compromise
    - cervical injury
    - Multiple injuries will require longer acute care and recovery times
  - Complications related to procedure as evidence by **1 or more** of the following:
    - Postoperative hematoma causing cord compression
    - C5 nerve palsy
    - Dural tear or CSF fistula
    - Vertebral artery injury evidence by 1 or more of the following:
      - Vertebral artery injury requires surgical repair, stent placement, or (if adequate collateral flow is present) ligation or embolization.
      - Anticipate ICU monitoring and post repair imaging
  - Urinary retention
  - Severe dysphagia

- High patient risk identified preoperatively, as indicated by **1 or more** of the following:
  - American Society of Anesthesiologists class IV or greater American Society of Anesthesiologists (ASA) Physical Status Classification System
  - Active comorbidities requiring prolonged hospital-based treatment or monitoring (eg, COPD, heart failure)
  - Other patient condition or finding that places patient at increased anesthetic risk such that prolonged postoperative inpatient monitoring or treatment is anticipated

Laminectomy for uses other than those listed in the clinical indications for procedure section.

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

## Document History:

Revised Dates:

- 2025: Aug – Implementation date of December 1, 2025. Criteria updated to include length of stay expansions. Added description of service for length of stay. Removed vertebral corpectomy CPT codes. Updated to 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)
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
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

#### 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.

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).

(2025, Jan 25). Retrieved Jul 15, 2025, from MCG 29th Edition:  
<https://careweb.careguidelines.com/ed29/index.html>

(2025). Retrieved Jul 15, 2025, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=laminectomy&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2025). Retrieved Jul 15, 2025, from Virginia Department of Medical Assistance Services:  
<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Spinal%20surgery&gsc.sort=>

(2025). Retrieved Jul 15, 2025, from Hayes - a symplr company:  
<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522cervical%2520decompression%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sou>

Cervical Laminectomy and Laminoplasty. (2023, Sep). Retrieved Jul 15, 2025, from North American Spine Society: <https://www.spine.org/Research/Clinical-Guidelines>

Cigna Medical Coverage Policies – Musculoskeletal Posterior Cervical Decompression (Laminectomy/ Hemilaminectomy/ Laminoplasty). (2025, Jul 01). Retrieved Jul 15, 2025, from Cigna Healthcare - EviCore: [https://www.evicore.com/sites/default/files/clinical-guidelines/2025-05/Cigna\\_CMM-603%20Post%20Cerv\\_Final\\_Eff07.01.25\\_Pub019.2025\\_upd05.29.2025.pdf](https://www.evicore.com/sites/default/files/clinical-guidelines/2025-05/Cigna_CMM-603%20Post%20Cerv_Final_Eff07.01.25_Pub019.2025_upd05.29.2025.pdf)

Currier, B., & Coblyn, J. (2024, Mar 18). Cervical subluxation in rheumatoid arthritis. Retrieved Jul 15, 2025, from UpToDate: [https://www.uptodate.com/contents/cervical-subluxation-in-rheumatoid-arthritis?search=Cervical%20laminectomy&source=search\\_result&selectedTitle=6~150&usage\\_type=default&display\\_rank=6#H325563224](https://www.uptodate.com/contents/cervical-subluxation-in-rheumatoid-arthritis?search=Cervical%20laminectomy&source=search_result&selectedTitle=6~150&usage_type=default&display_rank=6#H325563224)

Levin, K. (2024, May 13). Cervical spondylotic myelopathy. Retrieved Jul 15, 2025, from UpToDate: [https://www.uptodate.com/contents/cervical-spondylotic-myelopathy?search=Cervical%20laminectomy&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1#H14](https://www.uptodate.com/contents/cervical-spondylotic-myelopathy?search=Cervical%20laminectomy&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H14)

Spine Surgery 2024-10-20. (2024, Oct 20). Retrieved Jul 15, 2025, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/>

## 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