Clinical Policy: Disc Decompression Procedures

Reference Number: LA.CP.MP.114 Coding Implications
Date of Last Revision: ~~1/2022~~7/22 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Microdiscectomy or open discectomy (MD/OD) are the standard procedures for symptomatic lumbar disc herniation and they involve removal of the portion of the intervertebral disc compressing the nerve root or spinal cord (or both) with or without the aid of a headlight loupe or microscope magnification. Potential advantages of newer minimally invasive discectomy (MID) procedures over standard MD/OD include less blood loss, less postoperative pain, shorter hospitalization and earlier return to work.

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that open discectomy and microdiscectomy are medically necessary when meeting all of the following:
- **A.** Age ≥ 18 years;
- **B.** Diagnosis of herniated lumbar disc;
- **C.** Nerve root compression confirmed by imaging and one of the following:
  1. Unilateral radiculopathy with motor deficit and one of the following:
     a. Severe weakness in a nerve root distribution, as evidenced by: a score of <3 on the Medical Research Council 0 to 5 muscle strength scale, or the inability to ambulate;
     b. Mild to moderate weakness in a nerve root distribution, as evidenced by a score of 3 or 4 on the Medical Research Council 0 to 5 muscle strength scale and one of the following:
        i. Worsening weakness or motor deficit;
        ii. Patient has failed to respond to conservative therapy including all of the following:
            a) ≥ 6 weeks physical therapy or prescribed home exercise program;
            b) Nonsteroidal anti-inflammatory drug (NSAID) or acetaminophen ≥ 3 weeks unless contraindicated or not tolerated;
            c) ≥ 6 weeks activity modification;
  2. Unilateral radiculopathy with sensory deficit as evidenced by pain, parasthesias or numbness in a nerve root distribution and patient has failed to respond to conservative therapy including all of the following:
     a. ≥ 6 weeks physical therapy or prescribed home exercise program;
     b. NSAID or acetaminophen ≥ 3 weeks unless contraindicated or not tolerated;
     c. ≥ 6 weeks activity modification.

II. It is the policy of Louisiana Healthcare Connections that the following minimally invasive procedures for spinal decompressionhave not been proven superior to other existing technologies :
- **A.** Percutaneous Lumbar Discectomy (manual or automated [APLD] and/or MILD);
- **B.** Percutaneous Laser Discectomy (PLD);
- **C.** Laser-assisted Disc Decompression (LADD);

D. Percutaneous laser disc decompression (PLDD);
E. Percutaneous nuclectomy;
F. Percutaneous endoscopic discectomy;
G. Endoscopic laser percutaneous discectomy or LASE;
H. Endoscopic Spinal Surgery System;
I. Interspinous/interlaminar process stabilization/spacer device.

Background
A variety of discectomy techniques are available[1]:

- The traditional OD is performed with a standard surgical incision, often with the aid of eyepiece (loupe) magnification. It frequently involves a laminectomy (removal of the vertebral lamina to relieve pressure on nerve roots).
- MD is a refinement of open discectomy and involves a smaller incision in the back, with visualization through an operating microscope; this may include a laminotomy or hemilaminectomy in order to adequately visualize the disc, followed by removal of the disc fragment compressing the affected nerve or nerves.
- MID techniques include percutaneous manual nucleotomy, automated percutaneous lumbar discectomy, laser discectomy, endoscopic discectomy, microendoscopic discectomy, coblation nucleoplasty, and the disc DeKompressor. Tubular or trochar discectomy is a less invasive technique in which a tubular retractor is inserted over a guidewire, gaining access to the disc by muscle splitting rather than muscle incision and detachment.

MID procedures involve smaller incisions and surgery with the aid of indirect visualization; some techniques employ lasers to vaporize parts of the disc or automated techniques for removing portions of the disc. They have the potential advantage of quicker recovery from surgery compared to standard OD or MD.

A systematic review of MID versus MD/OD for symptomatic lumbar disc herniation found MID may be inferior in terms of relief of leg pain, low back pain and re-hospitalization.[2] Additionally, MID may be associated with lower risk of infection and shorter hospital stay, but more research is needed due to inconsistent evidence.[2]

Evaniew and colleagues came to a similar conclusion in their 2014 systematic review of MID versus open surgery for cervical and lumbar discectomy. They state that moderate-quality evidence suggests no advantage of MID in short- and long-term function, and low-quality evidence shows no advantage in short-and long-term pain.[3] At this time the risks due to the more technically complicated MID and potential for inadequate decompression render more conventional spinal decompression procedures the preferred choice.

Chou echoes the findings of the systematic reviews, stating that definitive evidence of advantages of MID techniques is needed before adopting them over OD or MD.[1]

The National Institute for Health and Clinical Excellence (NICE)
Current evidence suggests that there are no major safety concerns associated with automated percutaneous mechanical lumbar discectomy. There is limited evidence of efficacy based on

uncontrolled case series of heterogeneous groups of patients, but evidence from small randomized controlled trials shows conflicting results. In view of the uncertainties about the efficacy of the procedure, it should not be used without special arrangements for consent and for audit or research

Coding Implications

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CPT Codes That Support Coverage Criteria

CPT® Codes	Description
62287*	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

* Important Note: This code encompasses various disc procedures, not all of which are considered medically necessary by Louisiana Healthcare Connections. To determine medical necessity, the actual procedure to be performed must be specified.

CPT Codes That Do Not Support Coverage Criteria

CPT® Codes	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
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level. (List separately in addition to code for primary procedure)
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

CPT® Codes	Description
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)

HCPCS Codes That Support Coverage Criteria

HCPCS Codes	Description
S2350	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)

HCPCS Codes That Do Not Support Coverage Criteria

HCPCS Codes	Description
C1821	Interspinous process distraction device (implantable)
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

ICD-10-CM Diagnosis Codes That Support Coverage Criteria

ICD-10-CM Code	Description
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Converted corporate to local policy.	08/15/2020	
Changed policy statement in II. regarding minimally invasive procedures from "investigational" to stating that the listed procedures are not superior to other technologies. Codes and references reviewed and updated. Replaced all instances of "member" with "member/enrollee."	1/2022	1/2022

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Added code S2348 to table of HCPCS codes that do not support coverage criteria. References reviewed and updated. Changed "date," in the revision log header to, "revision date."	7/22	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing

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