

Clinical Policy: Disc Decompression Procedures

Reference Number: PA.CP.MP.114

Effective Date: 01/18

Last Review Date: 10/202

[Coding Implications](#)

[Revision Log](#)

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 Pennsylvania Health and Wellness® (PHW) that open discectomy and microdiscectomy are **medically necessary** when meeting all of the following:
 - A. Age ≥ 18 ;
 - 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, paresthesias 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 PHW that the following minimally invasive procedures for spinal decompression are **investigational**:
 - A. Percutaneous Lumbar Discectomy (manual or automated [APLD]);
 - B. Percutaneous Laser Discectomy (PLD);
 - C. Laser-assisted Disc Decompression (LADD);

- D. Percutaneous laser disc decompression (PLDD);
- E. Percutaneous nucleotomy;
- 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 available¹:

- 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

CLINICAL POLICY

Disc Decompression Procedures

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

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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
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 Pennsylvania Health and Wellness. To determine medical necessity, the actual procedure to be performed must be specified.

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	Date	Approval Date
Revised I.C.1.a. from a score of < 2 on the Medical Research Council 0 to 5 muscle strength scale to a score of < 3 per 2017 IQ criteria. Codes updated.	06/18	
Revised I.C.1.a. from a score of < 2 on the Medical Research Council 0 to 5 muscle strength scale to a score of < 3 per 2017 IQ criteria. Codes updated. Annual review; updated the investigational listing of percutaneous lumbar discectomy to specifically mention MILD. Coding reviewed. Specified that CPT 0275T is a code that does not support coverage criteria.	10/19	
References reviewed and updated. Reviewed by specialist. Added interspinous/interlaminar process stabilization device as investigational. Added C1821 as HCPCS code not supporting medical necessity and CPT codes 22867, 22868, 22869, and 22870 as not supporting medical necessity.	10/2020	12/2020

References

1. Chou, R. Subacute and chronic low back pain: Surgical treatment. Atlas SJ, Park L (Eds.). In: UpToDate, Waltham, MA. March 2016. Accessed April 24, 2020.
2. Rasouli MR, Rahimi-Movaghar V, Shokraneh F, et al. Minimally invasive discectomy versus microdiscectomy/open discectomy for symptomatic lumbar disc herniation. Cochrane Database Syst Rev 2014; 9:CD010328.
3. Evaniew N, Khan M, Drew B, et al. Minimally invasive versus open surgery for cervical and lumbar discectomy: a systematic review and meta-analysis. CMAJ Open 2014; 2:E295.
4. Hayes Medical Technology Directory. Automated percutaneous lumbar discectomy. December 2013. Archived 2019
5. Hayes Search and Summary. Automated Percutaneous Lumbar Discectomy (APLD). Pub Feb 04, 2019. Accessed April 24, 2020.
6. Hayes. Health Technology Brief. Minimally Invasive Lumbar Decompression (mild; Vertos Medical Inc.) for Lumbar Spinal Stenosis. October 2, 2014. Archived Nov, 2017.
7. Hayes. Health Technology Brief. Minimally Invasive Lumbar Decompression (mild; Vertos Medical Inc.) Device Kit for Treatment of Lumbar Spinal Stenosis. March 26, 2019. Accessed April 24, 2020.
8. Lurie JD, Tosteson TD, Tosteson AN, et al. Surgical versus nonoperative treatment for lumbar disc herniation: eight-year results for the spine patient outcomes research trial. Spine (Phila Pa 1976) 2014; 39:3.
9. Pengel LH, Herbert RD, Maher CG, Refshauge KM. Acute low back pain: systematic review of its prognosis. BMJ. 2003; 327(7410): 323.
10. North American Spine Society. Clinical guidelines for diagnosis and treatment of lumbar disc herniation with radiculopathy. 2012
11. The National Institute for Health and Clinical Excellence. Automated percutaneous mechanical lumbar discectomy. Interventional procedures guidance [IPG141] Published date: November 2005

CLINICAL POLICY
Disc Decompression Procedures



12. Hayes Search and Summary. Arthroscopic Microdiscectomy for Lumbar Disc Herniation. Sept 2016. Archived October 09, 2017
13. McClelland S 3rd, Goldstein JA. Minimally Invasive versus Open Spine Surgery: What Does the Best Evidence Tell Us? J Neurosci Rural Pract. 2017 Apr-Jun;8(2):194-198.
14. Ruan W, Feng F, Liu Z, et al. Comparison of percutaneous endoscopic lumbar discectomy versus open lumbar microdiscectomy for lumbar disc herniation: A meta-analysis. Int J Surg. 2016 Jul;31:86-92.
15. Hayes Medical Technology Directory. Percutaneous Laser Disc Decompression for Lumbar Disc Herniation. March 28, 2018. Accessed April 24, 2020.
16. Levin, K, Hsu, PS, Armon, C, et al. Acute Lumbosacral radiculopathy: Treatment and Prognosis, UpToDate. Shefner JM (Ed) Jun 03, 2019. Accessed April 24, 2020.