

Clinical Policy: Disc Decompression Procedures

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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 health plans affiliated with Centene Corporation[®] that open discectomy and microdiscectomy are **medically necessary** when meeting all of the following:
 - A. Age \geq 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 < 2 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 health plans affiliated with Centene Corporation that the following minimally invasive procedures for spinal decompression are **investigational**:
 - A. Percutaneous Lumbar Discectomy (manual or automated [APLD]);
 - B. Percutaneous Laser Discectomy (PLD);

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- 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.

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

Coding Implications

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2015, 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), with or without the use of an endoscope, 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 the use of an endoscope, 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 Centene. 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
M51.26	Other intervertebral disc displacement, lumbar region
M54.16	Radiculopathy, lumbar region
M54.30- M54.32	Sciatica
M54.40- M54.42	Lumbago with sciatica

Reviews, Revisions, and Approvals	Date	Approval Date
Policy split from CP.MP.63 Pain Management Procedures. Clarified that open discectomy and microdiscectomy are medically necessary, while minimally invasive discectomy procedures are not. Added criteria for open/microdiscectomy per Interqual. Added background information, CPT, and ICD-10 codes.	07/16	07/16

References

1. Chou, R. Subacute and chronic low back pain: Surgical treatment. Atlas SJ, Park L (Eds.). In: UpToDate, Waltham, MA. March 2016. Accessed July 19, 2016.
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.

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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 Health Technology Brief. Arthroscopic Microdiscectomy for Lumbar Disc Herniation. December 2011. Reviewed Jan 2014.
5. Hayes Medical Technology Directory. Automated percutaneous lumbar discectomy. December 2013. Reviewed November 2015. Accessed July 19, 2016.
6. Hayes. Health Technology Brief. Minimally Invasive Lumbar Decompression (mild; Vertos Medical Inc.) for Lumbar Spinal Stenosis. October 2, 2014.
7. Hayes. Search & Summary. Percutaneous Discectomy Using the SpineJet HydroSurgery System (HydroCision). January 22, 2015.
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.

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. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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