



PARAMOUNT

Lumbar Laminectomy, Hemi-Laminectomy, Laminotomy and/or Discectomy

Policy Number: PG0416

Last Review: 01/25/2018

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Back pain, with and without radicular symptoms, is one of the most common medical reasons that patients seek medical care and may affect 8 out of 10 people during their lifetime. Most back pain will improve over 2 months with minimal intervention. The pain can vary from mild to disabling. Back pain is considered to be chronic if it lasts more than three months. Age-related disc degeneration, facet joint arthrosis and segmental instability are leading causes of chronic back pain.

A lumbar laminectomy is a surgical procedure which involves the removal of a portion of the bony arch, or lamina, on the dorsal surface of a vertebra. The procedure is performed to relieve pressure on the nerve roots and spinal cord. The most common reason for performing a laminectomy is to treat spinal stenosis which is a chronic narrowing of the spinal canal due to degenerative arthritis and disc degeneration. If only one side is removed, it is called a hemilaminectomy. It is not uncommon for a laminectomy to be performed in combination with other surgical procedures such as discectomy (diskectomy), foraminotomy, spinal fusion or excision of an intraspinal tumor or lesion. In most cases a laminectomy is performed as an elective procedure rather than as emergency surgery.

Lumbar laminectomy, hemilaminectomy, laminotomy and discectomy are established surgical options for several conditions when symptoms persist despite noninvasive treatment (when conservative management is appropriate) or as first line treatment for certain emergencies. As with all surgical procedures, lumbar surgery is not without risk. The decision to perform lumbar surgery involves a holistic review of the patient. Symptoms including the presence of neurological deficits, pain acuity and duration, physical examination and MRI findings, along with the impact on activities of daily living are factors that influence the decision making discussion. Patients who fail to achieve symptom or functional improvement after actively participating in a 6-12 week conservative (non-surgical) treatment program may be candidates for a lumbar surgery. The surgeon's choice of interventional procedure(s) depends on the specific patient's symptoms and imaging findings.

POLICY

Lumbar laminectomy, hemilaminectomy, laminotomy, and discectomy do not require prior authorization.

Appropriate ICD-10 diagnosis code (as listed below) required for coverage.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Lumbar laminectomy, hemilaminectomy, laminotomy, and discectomy are covered services when medically

necessary as outlined below. The ICD-10 diagnosis codes that are covered for these procedures are listed below in the CODING/BILLING INFORMATION section. When a diagnosis as listed below is not billed in one of the first five diagnosis fields on the claim form, the procedure will be denied.

Indications

Lumbar laminectomy, hemilaminectomy, laminotomy (for unilateral symptoms), and/or discectomy is considered medically necessary when at least one of the following criteria is met:

- A. Conus medullaris syndrome (spinal cord compression) confirmed by appropriate imaging studies with severe or progressive neurologic deficits consistent with spinal cord compression (e.g., fecal or urinary incontinence); or
- B. Cauda equina syndrome with neurologic deficits (bowel or bladder dysfunction, saddle anesthesia, bilateral neurologic abnormalities of the lower extremities) confirmed by physical examination and appropriate imaging studies; or
- C. Lumbar spinal stenosis and/or foraminal stenosis confirmed by appropriate imaging studies, with either:
 1. severe and progressive symptoms of pain or neurogenic claudication (buttock or leg) unresponsive to at least 6 weeks of conservative nonoperative therapy; or
 2. significant motor deficit preventing ambulation; or
- D. Lumbar herniated intervertebral disc with nerve root compression confirmed by appropriate imaging studies and the following additional criteria are met:
 1. Radicular pain with physical findings of nerve compression (for example, absent lower extremity reflex or loss of sensation in dermatomal distribution) or alternative clinical findings consistent with radiculopathy; and
 2. All other reasonable sources of pain have been ruled out; and
 3. Findings on imaging correspond to the clinical findings and neurological examination; and
 4. Symptoms are interfering with either:
 - a. functional activities of daily living and persist despite at least 6 weeks of conservative nonoperative therapy; or
 - b. are associated with significant or progressive motor deficits; or
- E. When performed with dorsal rhizotomy as a treatment for spasticity (e.g., cerebral palsy); or
- F. When performed with biopsy or excision when signs or symptoms indicative of lumbar disease (e.g., pain, motor weakness) and imaging suggests tumor or metastatic neoplasm, an infectious process (e.g., epidural abscess), arteriovenous malformation, malignant or non-malignant mass; or
- G. Acute fracture causing symptomatic nerve root compression.

Note: Conservative non-operative therapy consists of an appropriate combination of medication (e.g., Non-Steroidal Anti-Inflammatory Drugs [NSAIDs], analgesics), physical therapy, spinal manipulation therapy, epidural steroid injections, or other interventions based on the individual's specific presentation, physical findings and imaging results.

Lumbar laminectomy, hemilaminectomy, laminotomy, and discectomy are considered not medically necessary when criteria above are not met and for all other indications not listed above as medically necessary.

Documentation in the medical record must clearly support the medical necessity of the surgery and include the following information:

Medical History

- Co-morbid physical and psychological health conditions
- History of back surgery, including minimally invasive back procedures
- Prior trial, failure, or contraindication to conservative medical/non-operative interventions that may include but are not limited to the following:
 - Activity modification for at least 6 weeks
 - Oral analgesics and/or anti-inflammatory medications
 - Physical therapy
 - Chiropractic manipulation

- Epidural steroid injections

Physical Examination

Clinical findings should include the patient's stated symptoms and duration.

Diagnostic Test

Radiologist's report of a magnetic resonance image (MRI) or computerized tomography (CT) scan with myelogram of the lumbar spine within the past 12 months showing a lumbar spine abnormality. Report the selective nerve root injection results, if it is applicable to the patient's diagnostic workup.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
63005	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; lumbar, except for spondylolisthesis
63012	Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
63017	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; lumbar
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar [when specified as lumbar]
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; lumbar
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; each additional lumbar interspace
63047	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; lumbar
63048	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; each additional segment, cervical, thoracic, or lumbar [when specified as lumbar]
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar [when specified as lumbar]
63185	Laminectomy with rhizotomy; 1 or 2 segments [when specified as lumbar]
63190	Laminectomy with rhizotomy; more than 2 segments [when specified as lumbar]
63200	Laminectomy, with release of tethered spinal cord, lumbar
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar

63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level [when specified as lumbar]

ICD-10-CM CODES

Lumbar laminectomy, hemilaminectomy, laminotomy, and discectomy ICD-10 codes covered if selection criteria are met:

C41.2	Malignant neoplasm of vertebral column
C70.1	Malignant neoplasm of spinal meninges
C72.0-C72.1	Malignant neoplasm of spinal cord, cauda equina
C79.49	Secondary malignant neoplasm of other parts of nervous system
D16.6	Benign neoplasm of vertebral column
D32.1	Benign neoplasm of spinal meninges
D33.4	Benign neoplasm of spinal cord
D42.1	Neoplasm of uncertain behavior of spinal meninges
D43.4	Neoplasm of uncertain behavior of spinal cord
G06.1	Intraspinal abscess and granuloma
G80.0-G80.9	Cerebral palsy
G82.20-G82.22	Paraplegia
G83.4	Cauda equina syndrome
K59.2	Neurogenic bowel, not elsewhere classified
M08.1	Juvenile ankylosing spondylitis
M43.06-M43.07	Spondylolysis, lumbar/lumbosacral regions
M43.16-M43.17	Spondylolisthesis, lumbar/lumbosacral regions
M45.6-M45.7	Ankylosing spondylitis, lumbar/lumbosacral regions
M47.16-M47.17	Other spondylosis with myelopathy, lumbar/lumbosacral regions
M47.26-M47.27	Other spondylosis with radiculopathy, lumbar/lumbosacral regions
M47.816-M47.817	Spondylosis without myelopathy or radiculopathy, lumbar/lumbosacral regions
M47.896-M47.897	Other spondylosis, lumbar/lumbosacral regions
M48.061-M48.07	Spinal stenosis, lumbar/lumbosacral regions
M48.36-M48.37	Traumatic spondylopathy, lumbar/lumbosacral regions
M48.8X6-M48.8X7	Other specified spondylopathies, lumbar/lumbosacral regions
M51.06-M51.07	Intervertebral disc disorders with myelopathy, lumbar/lumbosacral regions
M51.16-M51.17	Intervertebral disc disorders with radiculopathy, lumbar/lumbosacral regions
M51.26-M51.27	Other intervertebral disc displacement, lumbar/lumbosacral regions
M51.36-M51.37	Other intervertebral disc degeneration, lumbar/lumbosacral regions
M51.46-M51.47	Schmorl's nodes, lumbar/lumbosacral regions
M51.86-M51.87	Other intervertebral disc disorders, lumbar/lumbosacral regions
M54.16-M54.17	Radiculopathy, lumbar/lumbosacral regions
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica
M54.5	Low back pain
M54.9	Dorsalgia, unspecified
M96.1	Postlaminectomy syndrome, not elsewhere classified
Q27.39	Arteriovenous malformation, other site
Q76.2	Congenital spondylolisthesis
S32.000A-	Fracture of lumbar vertebra

S32.059S	
S34.21XA- S34.21XS	Injury of nerve root of lumbar spine

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 01/25/2018

01/25/18: Appropriate ICD-10 diagnosis code required for coverage. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/28/2020: Medical policy placed on the new Paramount Medical policy format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.