

02-20000-48

Original Effective Date: 07/01/15

Reviewed: 09/26/19

Revised: 10/15/19

## Subject: Lumbar Spine Surgery

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Lumbar discectomy/microdiscectomy is a surgical procedure to remove part of the damaged spinal disc. The damaged spinal disc herniates into the spinal canal and compresses the nerve roots. Nerve root compression leads to symptoms like low back pain, radicular pain, numbness and tingling, muscular weakness, and paresthesia. Typical disc herniation pain is exacerbated with any movement that causes the disc to increase pressure on the nerve roots.

Lumbar Decompression (Laminectomy, Laminotomy, Facetectomy, and Foraminotomy): Laminectomy is a common decompression surgery. The American Association of Neurological Surgeons defines laminectomy as a surgery to remove the back part of vertebra, lamina, to create more space for the spinal cord and nerves. The most common indication for laminectomy is spinal stenosis. Spondylolisthesis and herniated disk are also frequent indications for laminectomy. Decompression surgery is usually performed as part of lumbar fusion surgery.

Lumbar Fusion Surgery: Lumbar spinal fusion (arthrodesis) is a surgical procedure used to treat conditions of the lumbar spine, e.g., degenerative disc disease, spinal stenosis, injuries/fractures of the spine, spinal instability, and spondylolisthesis. Spinal fusion is a “welding” process that permanently fuses or joins together two or more adjacent bones in the spine, immobilizing the vertebrae and restricting motion at a painful joint. It is usually performed after other surgical procedures of the spine, such as discectomy or laminectomy. The goal of fusion is to increase spinal stability, reduce irritation of the affected nerve roots, compression on the spinal cord, disability, and pain and/or numbness.

## **POSITION STATEMENT:**

**NOTE:** For procedures that include fusion, it is required that the surgical candidate refrain from smoking/nicotine for at least six weeks prior to surgery and during the time of healing.

### **Lumbar Discectomy/Microdiscectomy**

Lumbar discectomy/microdiscectomy **meets the definition of medical necessity** for the following:

- Inter-vertebral disc herniation when **ALL** of the following are met:
  - Primary radicular symptoms noted upon clinical exam that significantly hinder daily activities
  - Failure to improve with at least 6 consecutive weeks of documented, physician directed appropriate conservative treatment, to include at least 2 of the following:
    - Analgesics, steroids, and/or NSAIDs
    - Structured program of physical therapy
    - Structured home exercise program prescribed by a physical therapist, chiropractic provider, or physician
    - Epidural steroid injections and/or selective nerve root block
  - Imaging studies show evidence of inter-vertebral disc herniation that correlate exactly with symptoms

**OR**

- As the first line of treatment (no conservative treatment required) in the following clinical cases:
  - Progressive nerve compression resulting in an acute neurologic deficit (motor) due to herniated disc, evidenced by one of the following significant neurological deficits:
    - 0-2/5 on the motor function scale for L5 or S1 roots, **OR**
    - 0-3/5 on the motor function scale for L3 or L4 roots
  - Cauda equina syndrome (loss of bowel or bladder control)

### **Lumbar Decompression (Laminectomy, Laminotomy, Facetectomy and Foraminotomy)**

These procedures allow decompression by partial or total removal of various parts of vertebral bone and ligaments.

Lumbar spinal canal decompression **meets the definition of medical necessity** for the following:

- Lumbar spinal stenosis when **ALL** of the following are met:
  - Neurogenic claudication and/or radicular leg pain that impairs daily activities
  - Failure to improve with at least 6 weeks of documented, physician-directed appropriate conservative treatment, to include at least 2 of the following:
    - Analgesics, steroids, and/or NSAIDs

- Structured program of physical therapy
- Structured home exercise program prescribed by a physical therapist, chiropractic provider, or physician
- Epidural steroid injections and/or selective nerve root block
- Imaging findings demonstrate moderate to severe stenosis consistent with clinical signs/symptoms

**OR**

- As the first line of treatment (no conservative treatment required) in the following clinical cases:
  - Progressive nerve compression resulting in an acute neurologic (motor) deficit, evidenced by one of the following significant neurological deficits:
    - 0-2/5 on the motor function scale for L5 or S1 roots, **OR**
    - 0-3/5 on the motor function scale for L3 or L4 roots
  - Cauda equina syndrome (loss of bowel or bladder control)
  - Spinal stenosis due to tumor, infection, or trauma

### **Lumbar Spine Fusion (single level with or without decompression)**

Lumbar spine fusion at a single level, with or without decompression, **meets the definition of medical necessity** when **ALL** of the following are met:

- Lumbar back pain, neurogenic claudication, and/or radicular leg pain without sensory or motor deficit that impairs daily activities for at least 6 months
- Failure to improve with at least 6 consecutive weeks of documented, physician-directed appropriate conservative treatment (6 months for isolated low back pain), to include at least 2 of the following:
  - Analgesics, steroids, and/or NSAIDs
  - Structured program of physical therapy
  - Structured home exercise program prescribed by a physical therapist, chiropractic provider, or physician
  - Epidural steroid injections and/or facet injections/selective nerve root block
- Imaging studies correspond to the clinical findings
- At least one of the following **clinical conditions\*** is present:
  - Spondylolisthesis (neural arch defect: spondylolytic spondylolisthesis, degenerative spondylolisthesis, or congenital unilateral neural arch hypoplasia), **OR**
  - Evidence of segmental instability (excessive motion, as in degenerative spondylolisthesis, segmental instability, and intra-operative or surgically induced segmental instability). [Surgically induced segmental instability is instability that **will be or is** produced during a surgical procedure. Removal of greater than 50% of the bilateral facets or complete unilateral facetectomy is required. Documentation of moderate to

severe foraminal stenosis by radiological exam/report is required. The operating surgeon must document in the medical record that the instability is anticipated], **OR**

- Revision of previous failed surgery for pseudoarthrosis at the same level, at least 6-12 months from prior surgery, if significant functional gains are anticipated, **OR**
- Revision of previous failed surgery for repeat disc herniations if significant functional gains are anticipated, **OR**
- Fusion for the treatment of spinal tumor, cancer, or infection, **OR**
- Chronic low back pain or degenerative disc disease (disc degeneration without significant neurological compression presenting with low back pain), with failure of at least 6 months of appropriate active non-operative treatment (completion of a comprehensive cognitive – behavioral rehabilitation program is mandatory)

**OR**

- As the first line of treatment (no conservative treatment required) in the following clinical cases:
  - Progressive nerve compression resulting in an acute neurologic deficit (motor) when both of the following are present:
    - One of the **clinical conditions\*** listed above (except chronic low back pain or degenerative disc disease)
    - Significant neurological deficit, defined as one of the following:
      - There is 0-2/5 on the motor function scale for L5 or S1 roots, **OR**
      - There is 0-3/5 on the motor function scale for L3 or L4 roots
  - Cauda equina syndrome (loss of bowel or bladder control) with one of the **clinical conditions\*** listed above (except chronic low back pain or degenerative disc disease)

### **Repeat Lumbar Spine Fusion**

Repeat lumbar fusion surgeries are reviewed on a case-by-case basis upon submission of medical records and imaging studies that demonstrate remediable pathology. The items below will also be required:

- Rationale as to why surgery is preferred over other non-invasive or less invasive treatment procedures
- Signed documentation that the member has participated in the decision-making process and understands the high rate of failure and complications

### **Lumbar Spine Fusion (multi-level with or without decompression)**

Lumbar spine fusion at multiple levels, with or without decompression, **meets the definition of medical necessity** when **ALL** of the following are met:

- Lumbar back pain, neurogenic claudication, and/or radicular leg pain (without motor deficit) that impairs daily activities for at least 6 months
- Failure to improve with at least 6 consecutive weeks of documented, physician-directed appropriate conservative treatment, to include at least 2 of the following:

- Analgesics, steroids, and/or NSAIDs
- Structured program of physical therapy
- Structured home exercise program prescribed by a physical therapist, chiropractic provider, or physician
- Epidural steroid injections and/or selective nerve root block
- Imaging studies correspond to the clinical findings
- There is at least one of the following clinical conditions:
  - Multiple level spondylolisthesis (Note: Fusions in cases with single level spondylolisthesis should be limited to the unstable level), **OR**
  - Fusion for the treatment of spinal tumor, trauma, cancer, or infection affecting multiple levels, **OR**
  - Intra-operative or surgically induced segmental instability. [Surgically induced segmental instability is instability that **will be or is** produced during a surgical procedure. Removal of greater than 50% of the bilateral facets or complete unilateral facetectomy is required. Documentation of moderate to severe foraminal stenosis by radiological exam/report is required. The operating surgeon must document in the medical record that the instability is anticipated.]

**OR**

- As the first line of treatment (no conservative treatment required) when there is progressive nerve compression resulting in an acute neurologic deficit (motor), evidenced by one of the following significant neurological deficits:
  - 0-2/5 on the motor function scale for L5 or S1 roots, **OR**
  - 0-3/5 on the motor function scale for L3 or L4 roots, **AND**
- One of the **clinical conditions\*** listed above

**OR**

- As the first line of treatment (no conservative treatment required) in the presence of cauda equina syndrome (loss of bowel or bladder control), **AND** one of the **clinical conditions\*** listed above (except chronic low back pain or degenerative disc disease)

### **Lumbar Artificial Disc**

Artificial lumbar disc replacement is considered **experimental or investigational**. There is a lack of clinical data to permit conclusions on net health outcomes.

### **Conservative treatment**

Musculoskeletal conservative treatment includes primarily physical therapy and/or injections; and a combination of modalities, such as rest, ice, heat, modified activities, medical devices (such as braces), medications, diathermy, chiropractic treatments, or physician supervised home exercise program.

## Home Exercise Program

A home exercise program must include both of the following elements:

- Documentation provided of an exercise prescription/plan
- Follow up with member is conducted regarding completion of HEP (after 4-6 week period), or inability to complete HEP due to a physical reason (e.g., increased pain, inability to physically perform exercises; member inconvenience or noncompliance without explanation does not constitute an inability to complete HEP)

## Contraindications to spine surgery:

- Medical contraindications (e.g., severe osteoporosis; infection of soft tissue adjacent to the spine and may be at risk of spreading to the spine; severe cardiopulmonary disease; anemia; malnutrition; systemic infection)
- Psychosocial risk factors (e.g., ruling out non-physiologic modifiers of pain presentation or non-operative conditions mimicking radiculopathy or instability, such as peripheral neuropathy, piriformis syndrome, myofascial pain, sympathetically mediated pain syndromes, sacroiliac dysfunction, psychological conditions, etc.) prior to consideration of elective surgical intervention. Members with clinically significant depression or other psychiatric disorders being considered for elective spine surgery will be reviewed on a case-by-case basis.
- Morbid obesity (significant risk and concern for improper post-operative healing, post-operative complications related to morbid obesity, and/or an inability to participate in post-operative rehabilitation)

## **BILLING/CODING INFORMATION:**

### CPT Coding

0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure) <b>(investigational)</b>
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) <b>(investigational)</b>
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) <b>(investigational)</b>
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in

	addition to code for primary procedure)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar <b>(investigational)</b>
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar <b>(investigational)</b>
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar <b>(investigational)</b>
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 inter-articularis 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 (List separately in addition to code for primary procedure)
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)

### **REIMBURSEMENT INFORMATION:**

Refer to section entitled [POSITION STATEMENT](#).

### **PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

#### **Medicare Advantage products:**

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Lumbar ARTIFICIAL DISC Replacement (LADR) (150.10), located at cms.gov.

The following Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Noncovered Services (L33777); Lumbar Spinal Fusion for Instability and Degenerative Disc Conditions (L33382), located at fcso.com.

### **DEFINITIONS:**

No guideline specific definitions apply.

### **RELATED GUIDELINES:**

[02-20000-45, Cervical Spine Surgery](#)

### **OTHER:**

None applicable.

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### **COMMITTEE APPROVAL:**

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/26/19.

### **GUIDELINE UPDATE INFORMATION:**

07/01/15	New Medical Coverage Guideline.
04/15/17	Revision: clarified requirements for conservative treatment by adding additional detail; revised criteria for lumbar decompression (laminectomy, laminotomy, facetectomy and

	foraminotomy), single level fusion, and multi-level fusion. Updated references.
10/15/17	Revision: updated position statement section regarding intra-operative/surgically induced segmental instability.
07/15/18	Scheduled review. Revised criteria for lumbar discectomy/microdiscectomy; lumbar decompression (laminectomy, laminotomy, facetectomy and foraminotomy); single level and multiple level lumbar spine fusion. Revised definition of conservative treatment, contraindications to spine surgery, and program exceptions section. Updated references.
03/15/19	Revision: deleted "sensory" from select coverage criteria. Updated references.
07/15/19	Scheduled review. Revised description and definition of conservative treatment. Added nicotine cessation criteria for fusion procedures. Updated references.
10/15/19	Unscheduled review. Maintain position statement and update references.