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.

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.

HMO, PPO, Individual Marketplace, Elite, 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.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>63005</td>
<td>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</td>
</tr>
<tr>
<td>63012</td>
<td>Laminectomy with removal of abnormal facets and/or pars interarticularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)</td>
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<tr>
<td>63017</td>
<td>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</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>63030</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</td>
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<tr>
<td>63035</td>
<td>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]</td>
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<tr>
<td>63042</td>
<td>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; re-exploration, single interspace; lumbar</td>
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<tr>
<td>63044</td>
<td>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</td>
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<tr>
<td>63047</td>
<td>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</td>
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<tr>
<td>63048</td>
<td>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]</td>
</tr>
<tr>
<td>63056</td>
<td>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)</td>
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<tr>
<td>63057</td>
<td>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]</td>
</tr>
<tr>
<td>63185</td>
<td>Laminectomy with rhizotomy; 1 or 2 segments [when specified as lumbar]</td>
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<tr>
<td>63190</td>
<td>Laminectomy with rhizotomy; more than 2 segments [when specified as lumbar]</td>
</tr>
<tr>
<td>63200</td>
<td>Laminectomy, with release of tethered spinal cord, lumbar</td>
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<tr>
<td>63252</td>
<td>Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar</td>
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<tr>
<td>63267</td>
<td>Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar</td>
</tr>
<tr>
<td>63272</td>
<td>Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar</td>
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<tr>
<td>63277</td>
<td>Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar</td>
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<tr>
<td>63282</td>
<td>Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar</td>
</tr>
<tr>
<td>63287</td>
<td>Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar</td>
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<tr>
<td>63290</td>
<td>Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level [when specified as lumbar]</td>
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**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

Hemilaminectomy, laminotomy, and discectomy:

- **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]
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M54.16-M54.17</td>
<td>Radiculopathy, lumbar/lumbosacral regions</td>
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<td>M54.30-M54.32</td>
<td>Sciatica</td>
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<tr>
<td>M54.40-M54.42</td>
<td>Lumbar with sciatica</td>
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<tr>
<td>M54.5</td>
<td>Low back pain</td>
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<td>M54.9</td>
<td>Dorsalgia, unspecified</td>
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<tr>
<td>M96.1</td>
<td>Postlaminectomy syndrome, not elsewhere classified</td>
</tr>
<tr>
<td>Q27.39</td>
<td>Arteriovenous malformation, other site</td>
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<tr>
<td>Q76.2</td>
<td>Congenital spondylolisthesis</td>
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<tr>
<td>S32.000A-S32.059S</td>
<td>Fracture of lumbar vertebra</td>
</tr>
<tr>
<td>S34.21XA-S34.21XS</td>
<td>Injury of nerve root of lumbar spine</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 01/25/2018, 11/28/2018

**REVISION HISTORY EXPLANATION**

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).

11/28/18: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.