Cohere Medical Policy - Spinal Decompression (Laminectomy, Laminotomy, Foraminotomy, and Discectomy)

Clinical Policy for Medical Necessity Review

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Important Notices

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Other Notices:

Policy Information:

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Policy Name: Cohere Medical Policy - Spinal Decompression (Laminectomy, Foraminotomy, and Discectomy)
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Medical Necessity Criteria

Service: Spinal Decompression (Laminectomy, Laminotomy, Foraminotomy, and Discectomy)

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched procedure, laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
    - The medical necessity of each individual request
    - Why prior imaging or procedures were inconclusive, or why additional/follow-up studies are needed
    - How the results will impact patient management or treatment decisions

- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.

Description

Spinal decompression is used to treat conditions such as lumbar spinal stenosis, disc herniation with radiculopathy, cervical radiculopathy, or spondylolisthesis and may be accomplished through a number of procedures. Laminectomy involves surgical removal of a spinous process, lamina, portions of the facet joint (facetectomy), and ligamentum flavum to increase the spinal canal diameter and reduce stenosis.[1] Laminotomy (hemilaminectomy) involves the removal of a facet joint or partial lamina to allow decompression of the nerve root or dural sac.[1] A laminotomy is frequently performed with a lumbar discectomy for disc herniations.[1] A discectomy is performed to remove all or part of a herniated or damaged intervertebral disc.[2] Foraminotomy involves direct compression of a nerve root by enlarging the neural foramen via removal of the lamina, facet joint, and ligamentum flavum.[1] Laminoplasty is performed to access and decompress the cervical spinal canal and is often used to treat spinal stenosis.[3] The procedure may be performed on the lumbar spine.[3]

Medical Necessity Criteria

Indications

Spinal decompression is considered appropriate if **ANY** of the following is **TRUE**:

- The procedure is an anterior or posterior cervical or upper thoracic decompression, and **ANY** of the following is **TRUE**:
  - The patient has cervical or upper thoracic myelopathy, and **ALL** of the following:
    - Advanced imaging with radiologic report (MRI or CT myelogram) reveals spinal cord compressive pathology (e.g., myelomalacia of cord signal change consistent with the presentation)[4]; **AND**
    - **ANY** of the following[5–8]:
      - Procedure needed for treatment of cervical or upper thoracic spine injury with myelopathy (e.g., trauma); **OR**

- Progressive neurological deficit; **OR**
- **ANY** of the following myelopathy symptoms:
  - Gait disturbance or abnormality; **OR**
  - Lower or upper extremity weakness with spasticity; **OR**
  - Paresthesias or numbness in the upper extremities; **OR**
  - Loss of dexterity/coordination; **OR**
  - Bowel or bladder dysfunction; **OR**
  - Lhermitte phenomenon; **OR**
- **ANY** of the following myelopathy physical examination findings:
  - Lhermitte's sign: an electric shock-like sensation; **OR**
  - Hoffman's sign; **OR**
  - Upper or lower motor neuron findings in the extremities (e.g., hypertonicity, hyperreflexia, multiple beats or sustained clonus, positive Babinski); **OR**
  - Decreased sensation, proprioception, or vibratory sense; **OR**
  - Loss of sphincter tone; **OR**

- The patient has cervical or upper thoracic radiculopathy, and **ALL** of the following[9]:
  - Advanced imaging (magnetic resonance imaging [MRI] or computed tomography [CT] myelogram) with radiology report reveals diagnostic findings of the spinal cord or nerve root compressive pathology consistent with clinical symptoms[10]; **AND**
  - **ANY** of the following:
    - **ANY** of the following cervical spine symptoms:
      - Neck pain; **OR**
      - Radicular arm pain, motor, or sensory changes; **OR**
      - Scapular or periscapular pain; **OR**
    - **ANY** of the following thoracic spine symptoms:
      - Thoracic pain; **OR**
      - Scapular, periscapular, or chest wall pain; **OR**
      - Radicular chest pain; **OR**
    - **ANY** of the following cervical or upper thoracic radiculopathy positive specialty tests:
      - Spurling's test or maneuver or compression test (reproduction of symptoms with neck extension, lateral flexion, and downward compression or loading); **OR**

        - Shoulder abduction test (symptoms relieved with shoulder abduction); **OR**
        - Valsalva test (reproduction of pain with breathholding and bearing down, as if during a bowel movement); **OR**
        - Lateral flexion test (radicular pain on lateral bending to ipsilateral side, pain often relieved with contralateral bending); **AND**
    - **ANY** of the following:
        - Failure of conservative management for greater than 6 weeks, including **AT LEAST TWO** of the following:
            - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
            - Physical therapy or a physician-directed home exercise program; **OR**
            - Corticosteroid injection if medically appropriate; **OR**
        - The patient's severe pain or disability is significantly affecting quality of life and limiting daily life (e.g., working ability, forced bed rest, ability to provide self-care); **OR**
- The procedure is lower thoracic or lumbar decompression and **ANY** of the following:
    - The patient has signs or symptoms of neurogenic claudication or radiculopathy, and **ALL** of the following[1,11,31]:
        - Advanced imaging (MRI or CT myelogram) with radiology report reveals neurogenic claudication or radiculopathy consistent with the condition and clinical symptoms[12]; **AND**
        - **ANY** of the following conditions:
            - Lower thoracic or lumbar stenosis; **OR**
            - Degenerative/isthmic spondylolisthesis; **OR**
            - Synovial facet cyst; **AND**
        - **ANY** of the following symptoms:
            - Lower extremity pain, weakness, fatigue, paresthesias, and sensory changes; **OR**
            - Gluteal and low back pain; **OR**
            - Bilateral or unilateral symptoms; **OR**
            - Symptoms present only with activity; **OR**

        - Exacerbating factors include standing, walking, and other upright exercises; **OR**
        - Pain relief in a sitting or supine position or with forward flexion at the waist; **OR**
        - Lower extremity pain that is made worse by walking; **AND**
    - **ANY** of the following:
        - Failure of conservative management for greater than 6 weeks, including **AT LEAST TWO** of the following:
            - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
            - Physical therapy or a physician-directed home exercise program; **OR**
            - Corticosteroid injection if medically appropriate; **OR**
        - The patient's severe pain or disability is significantly affecting quality of life and limiting daily life (e.g., working ability, forced bed rest, ability to provide self-care); **OR**
- The patient has signs or symptoms of cauda equina syndrome and **ALL** of the following[1]:
    - Advanced imaging (MRI or CT myelogram) with radiology report reveals acute cauda equina syndrome consistent with clinical symptoms[12]; **AND**
    - **ANY** of the following symptoms of cauda equina syndrome:
        - Bowel, bladder, and erectile dysfunction; **OR**
        - Diffuse motor weakness; **OR**
        - Saddle-distribution anesthesia; **OR**
        - New onset of lower extremity neurologic deficits not explained by a more proximal lesion; **OR**
- The patient requires treatment for **ANY** of the following in the lower thoracic or lumbar region[1,13]:
    - Tumor; **OR**
    - Fracture; **OR**
    - Infection; **OR**
    - Epidural/subdural hematoma; **OR**
- The procedure is a partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) and **ANY** of the following:
    - **All** of the following:

        - Baastrup's disease (kissing spines); **AND**
        - Failure of conservative treatment including **ANY** of the following[14-16]:
            - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
            - Interspinous process steroid injection; **OR**
    - Tumors in the spinous process, lamina, or facet articular processes (e.g., osteoid osteoma, osteoblastoma, aneurysmal bone cysts)[13,17,18]; **OR**
    - Open spine wound requiring bone debridement[19,20]; **OR**
    - Gibbus or spine deformity with impending skin breakdown[21]; **OR**
    - Painful bursa over prominent spinous process refractory to conservative treatment including steroid injection[22,23]; **OR**
- The procedure is an anterior or posterior lower thoracic or lumbar discectomy, and **ANY** of the following:
    - The patient has lower thoracic or lumbar radiculopathy with lumbar disc herniation, and **ALL** of the following[2,24]:
        - Advanced imaging (MRI or CT myelogram) with radiology report reveals disc herniation consistent with clinical findings; **AND**
        - **ANY** of the following lower thoracic or lumbar radiculopathy symptoms:
            - Unremitting lower extremity pain, paresthesia, weakness, or numbness in a myotomal or dermatome distribution; **OR**
            - Increased pain with coughing, sneezing or straining; **OR**
            - Low back pain; **AND**
        - **ANY** of the following physical examination findings:
            - Sensory disturbance (i.e., loss of sensation or decreased sensory response) or weakness in a dermatomal/myotomal distribution; **OR**
            - Absent or decreased lower extremity reflexes; **OR**
            - Reduced spinal mobility; **OR**
            - **ANY** of the following positive specialty tests:
                - Straight leg raise; **OR**
                - Crossed Lasègue's (or crossed straight leg raise); **OR**
                - Femoral nerve stretch; **OR**
                - Slump; **AND**
        - Failure of conservative management for greater than 6 weeks, including **AT LEAST TWO** of the following:

        - Anti-inflammatory medications, non-opioid analgesics, or prescription medications (e.g., oral steroids, neuropathic pain medications) if not contraindicated; **OR**
        - Physical therapy or a physician-directed home exercise program; **OR**
        - Corticosteroid injection if medically appropriate; **OR**
    - The patient has signs or symptoms of cauda equina syndrome with lumbar disc herniation and **ALL** of the following[2]:
        - Advanced imaging (MRI or CT myelogram) with report reveals disc herniation that causes moderate to severe lower thoracic or lumbar stenosis consistent with clinical symptoms[12]; **AND**
        - **ANY** of the following symptoms of cauda equina syndrome:
            - Bowel, bladder, and erectile dysfunction; **OR**
            - Diffuse motor weakness; **OR**
            - Saddle-distribution anesthesia; **OR**
            - New onset of lower extremity neurologic deficits not explained by a more proximal lesion; **OR**
    - The patient has an infection involving the disc space, and **ANY** of the following[2]:
        - An open disc biopsy and culture is needed when an organism has not been identified by less invasive means (e.g., blood cultures, percutaneous needle biopsy); **OR**
        - A disc space/spinal canal debridement is needed if **ANY** of the following is present:
            - No clinical response to antibiotics; **OR**
            - Epidural abscess with neurological deficits; **OR**
            - Signs of systemic sepsis that are associated with disc space infection.

Non-Indications

Spinal decompression is not considered appropriate if **ANY** of the following are **TRUE**[9]:

- Any percutaneous discectomy technique, including laminectomy, laminotomy, foraminectomy, foraminotomy, foraminolaminectomy, laminoplasty, or corpectomy. Evidence is insufficient to determine that these services are standard medical treatments. There is an absence of

current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services; **OR**

- The procedure is posterior laminectomy without fusion, and the patient has kyphosis or is at-risk for postoperative kyphosis[9]; **OR**
- The patient has isolated, nonspecific low back pain without any accompanying symptoms[1]; **OR**
- Use of annular closure devices[25,26]; **OR**
- Automated percutaneous lumbar discectomy (APLD) (also known as automated percutaneous mechanical lumbar discectomy); **OR**
- Endoscopic disc decompression, when in combination with ablation (radiofrequency ablation) and annulus modulation/repair; **OR**
- Laser discectomy, regardless of the approach, including percutaneous laser discectomy, laser-assisted discectomy, laser disc decompression, laser-assisted disc decompression or percutaneous laser disc decompression; **OR**
- Laser laminectomy.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
22899	Unlisted procedure, spine
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
62330	Decompression, percutaneous, with partial removal

	of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
63001	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; cervical
63003	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; thoracic
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
63011	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;

	sacral
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)
63015	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; cervical
63016	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; thoracic
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
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of

	herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)
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)
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)
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)
63045	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; cervical
63046	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; thoracic
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 vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire,

	suture, mini-plates], when performed)
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; thoracic
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intervertebral disc)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064	Costovertebral approach with decompression of

	spinal cord or nerve root(s) (e.g., herniated intervertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (e.g., herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63185	Laminectomy with rhizotomy; 1 or 2 segments

63190	Laminectomy with rhizotomy; more than 2 segments
63191	Laminectomy with section of spinal accessory nerve
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic
63200	Laminectomy, with release of tethered spinal cord, lumbar
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other

	than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
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
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)
0274T	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; cervical or thoracic
C2614	Probe, percutaneous lumbar discectomy
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace
S2351	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)

Medical Evidence

Karlsson et al. (2024) conducted a randomized clinical trial to compare five-year outcomes after decompression alone and decompression with fusion for the treatment of lumbar spinal stenosis. The five-year Oswestry Disability Index scores were similar across treatments, and the EuroQol five-dimension questionnaire was higher for decompression alone compared to decompression with fusion. These results indicate that adding fusion to decompression surgeries may not improve patient outcomes five years post-surgery, findings consistent with those reported the two-year time point. The authors conclude that decompression alone is preferred for spinal stenosis surgery.[27]

Wei et al. (2021) performed a systematic review and network meta-analysis to evaluate the nine most common interventions for lumbar spinal stenosis: laminectomy, laminotomy, minimally invasive decompression, endoscopic decompression, decompression plus fusion, decompression, split-decompression, interspinous process spacer device, and non-surgery. All surgical interventions, apart from split-decompression, were more effective in relieving pain than non-surgical interventions. Laminotomy was best for improving short- and long-term dysfunction, although differences were not statistically significant, and endoscopic decompression had the lowest complication rates and shortest hospitalization time.[28]

In a systematic review, Lannon et al. (2021) described degenerative cervical myelopathy (DCM) as a leading cause of spinal cord injury and spinal stenosis, with incidence increasing. Early surgical referral and conservative management are recommended to prevent progressive neurologic deterioration.[29]

Thomé et al. (2018) conducted a randomized controlled trial of 554 patients focused on annular closure in lumbar microdiscectomy for prevention of reherniation. They concluded that annular closure with a bone-anchored implant lowered the risk of symptomatic recurrence and reoperation in patients at high-risk of herniation recurrence after lumbar microdiscectomy.

The authors noted the need for additional studies to determine outcomes beyond 2 years with a bone-anchored annular closure device, as the results of this study may not generalize to all patients undergoing lumbar discectomy.[26]

In a retrospective database study of 7315 patients, Drazin et al. (2017) reviewed spinal decompression and discectomy procedures in children. They noted that conditions requiring such procedures, including spinal stenosis/spondylosis and disc herniation, are much less often seen in children than in adults.[30] The authors also state that children with these conditions are often less responsive to conservative management strategies, including exercise, physical therapy, and pharmacological pain control, compared to adults. Mean patient age was 12.7 years for pediatric spondylolysis/spinal stenosis and 18 years for pediatric disc herniation. For patients with pediatric spondylolsis/spinal stenosis, complication rates were higher after decompression (18.1%) than after discectomy (5.3%) procedures. Length of hospital stay was also longer in pediatric spondylolysis/spinal stenosis patients treated with decompression compared to discectomy (5 vs. 1.7 days).

The American College of Radiology (ACR) Expert Panel on Neurological Imaging has published several guidelines related to myelopathic evaluation. Agarwal et al. (2021) updated the previous Myelopathy Appropriate Use Criteria, with MRI recommended as initial imaging for acute onset myelopathy and chronic or progressive myelopathy.[4] McDonald et al. (2018) recommend radiography, MRI or CT for initial imaging in new or increasing nontraumatic neck pain and cervical radiculopathy. In patients with a history of cervical spine surgery, radiography and noncontrast CT are primary recommendations with a disagreement on the appropriateness of MRI (contrast and noncontrast). CT myelography is rated as May Be Appropriate.[10] Hutchins et al. (2021) in the Low Back Pain ACR Appropriateness Criteria recommend noncontrast MRI as Usually Appropriate, and radiography and CT as May Be Appropriate in low back pain with and without radiculopathy. This applies to surgical candidates with persistence or progression of symptoms having failed six weeks of medical management. MRI, CT and CT myelography are recommended for suspected cauda equina syndrome. In osteoporosis or

chronic steroid use, radiography, noncontrast MRI or CT recommended as Usually Appropriate.[12]

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Policy Revision History/Information

Original Date: September 29, 2023		
Review History		
Version 2	11/17/2023	Policy criteria reviewed and updated per medical literature.
Version 3	04/26/2024	Policy criteria reviewed and updated per medical literature.
Version 4	07/31/2025	Annual review. CPT Code 62287 moved to Intradiscal biacuplasty, PIRFT, IDET policy. CPT Codes 22101 and 22103, and criteria for partial excision of posterior vertebral component added. Split indications for cervical or thoracic radiculopathy into two: cervical spine symptoms and thoracic spine symptoms. Updated conservative care indications; patients must have at least two. Added indications for spinal decompression without fusion for degenerative/isthmic spondylolisthesis or synovial facet cyst (consistent with NASS). Added indications for spinal decompression without fusion for infection, tumor, and fracture (consistent with NASS and to ensure all CPT codes are covered [biopsy, excision, etc.]).

		NASS coverage policy recommendation for Lumbar discectomy added. Added “with spasticity” to upper or lower extremity weakness as symptoms of myelopathy; added Lhermitte phenomenon as a symptom of myelopathy. Clarified and simplified indications for myelopathy physical examination findings. Added valsalva test and lateral flexion test as positive speciality tests for cervical or upper thoracic radiculopathy. Added non-indications for automated percutaneous lumbar discectomy, endoscopic disc decompression, laser discectomy, and laser laminectomy. Literature review - Medical Evidence updated (including references).
Version 4.1	01/15/2026	Revision. Codes deleted per AMA code update effective 01/01/2026: 0275T, C9757 Codes added per AMA code update effective 01/01/2026: 62330, 62331, 63032.