



Lumbar Radiculopathy with or without Disc Herniation

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Guideline Information:

Disease Area: Diseases of the musculoskeletal system and connective tissue (M00-M99)

CarePath Group: Spine

CarePath Name: Lumbar Radiculopathy with or without Disc Herniation (M51, M54)

Type: Adult (18+ yo) | Pediatric (0-17yo)

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Table of Contents

Important Notices	2
Care Path Overview	7
Care Path Clinical Discussion	7
Key Information	8
Definitions	8
Care Path Diagnostic Criteria	11
Disease Classification	11
ICD-10 Codes Associated with Classification	11
Presentation and Etiology	13
Causes and Risk Factors	13
Clinical Presentation ^{2,9}	13
Typical Physical Exam Findings ²	13
Typical Diagnostic Findings	13
Care Path Services & Medical Necessity Criteria	15
Conservative Therapy	15
Service: Anti-Inflammatories, Acetaminophen, Gabapentin, or Muscle Relaxers	15
General Guidelines	15
Medical Necessity Criteria	15
Indications	15
Non-Indications	15
Site of Service Criteria	15
Procedure Codes (HCPCS/CPT)	15
Service: Physical Therapy	16
General Guidelines	16
Medical Necessity Criteria	16
Indications	16
Non-Indications	16
Site of Service Criteria	16
Procedure Codes (HCPCS/CPT)	16
Diagnostics	23
Service: Radiography	23
General Guidelines	23
Medical Necessity Criteria	23
Indications	23

Non-Indications	23
Site of Service Criteria	23
Procedure Codes (HCPCS/CPT)	23
Advanced Imaging	25
Service: Magnetic Resonance Imaging (MRI)	25
General Guidelines	25
Medical Necessity Criteria	25
Indications	25
Non-Indications	25
Site of Service Criteria	26
Procedure Codes (HCPCS/CPT)	26
Service: Computed Tomography (CT) or Computed Tomography Myelogram (CTM)	27
General Guidelines	27
Medical Necessity Criteria	27
Indications	27
Non-Indications	28
Site of Service Criteria	28
Procedure Codes (HCPCS/CPT)	28
Non-Surgical Management	29
Service: Epidural Steroid Injections	29
General Guidelines	29
Medical Necessity Criteria	29
Indications	29
Non-Indications	30
Site of Service Criteria	30
Procedure Codes (HCPCS/CPT)	30
Surgical Management	32
Service: Lumbar Discectomy	32
General Guidelines	32
Medical Necessity Criteria	32
Indications	32
Non-Indications	33
Site of Service Criteria	33
Procedure Codes (HCPCS/CPT)	33
Service: Lumbar Decompression Without Fusion	36
General Guidelines	36

Medical Necessity Criteria	36
Indications	36
Non-Indications	37
Site of Service Criteria	37
Procedure Codes (HCPCS/CPT)	37
Service: Single-Level Lumbar Fusion (with or without Decompression)	41
General Guidelines	41
Medical Necessity Criteria	41
Indications	41
Non-Indications	41
Site of Service Criteria	42
Procedure Codes (HCPCS/CPT)	42
Service: Multi-Level Lumbar Fusion (with or without Decompression)	47
General Guidelines	47
Medical Necessity Criteria	47
Indications	47
Non-Indications	47
Site of Service Criteria	48
Procedure Codes (HCPCS/CPT)	48
Surgical Risk Factors	54
Post-Operative Care	58
Service: Physical Therapy	58
General Guidelines	58
Medical Necessity Criteria	58
Indications	58
Non-Indications	58
Site of Service Criteria	58
Procedure Codes (HCPCS/CPT)	58
Service: Home Health Care	65
General Guidelines	65
Medical Necessity Criteria	65
Indications	65
Non-Indications	65
Site of Service Criteria	65
Procedure Codes (HCPCS/CPT)	65
Service: Inpatient Rehabilitation	66
General Guidelines	66

Medical Necessity Criteria	66
Indications	66
Non-Indications	66
Site of Service Criteria	66
Procedure Codes (HCPCS/CPT)	66
Service: Skilled Nursing Facility	69
General Guidelines	69
Medical Necessity Criteria	69
Indications	69
Non-Indications	69
Site of Service Criteria	69
Procedure Codes (HCPCS/CPT)	69
Other Services	72
Service: Bracing	72
General Guidelines	72
Medical Necessity Criteria	72
Indications	72
Non-Indications	72
Site of Service Criteria	72
Procedure Codes (HCPCS/CPT)	72
References	73
Clinical Guideline Revision History/Information	75

Care Path Overview

Care Path Clinical Discussion

Lumbar radiculopathy is nerve dysfunction from nerve root compression in the lumbar spine. Some common symptoms include “neuropathic pain, sensory dysfunction, and motor deficits.”¹ While lumbar disc herniations are the most common cause, other pathologies (e.g., stenosis, spondylolisthesis) may also cause radiculopathy.¹

The North American Spine Society defines **lumbar disc herniation with radiculopathy** as “localized displacement of disc material beyond the normal margins of the intervertebral disc space resulting in pain, weakness or numbness in a myotomal or dermatomal distribution.”²

Key Information

- Lumbosacral radiculopathy is a common complaint. Patients typically present at their annual doctor's visit with their primary care provider and are subsequently evaluated by a spine surgeon.³
- Lumbar radiculopathy has a population prevalence of 3%–5%. Risk factors include placing repetitive or excessive load on the spine; patients are more likely to develop the condition if they are involved in heavy manual labor, play contact sports or sports like golf, or serve in the military. Symptoms typically start when patients are 40–50 years old and are more common in men.³
- The vast majority of cases are benign and resolve on their own. The first line of treatment involves conservative management such as anti-inflammatory medication and physical therapy.³
- Epidural steroid injections are a reasonable means to treat symptoms, but there is no evidence proving long-term outcomes. If non-surgical and conservative management fails, percutaneous discectomy and lumbar fusion may be appropriate.⁴

Definitions

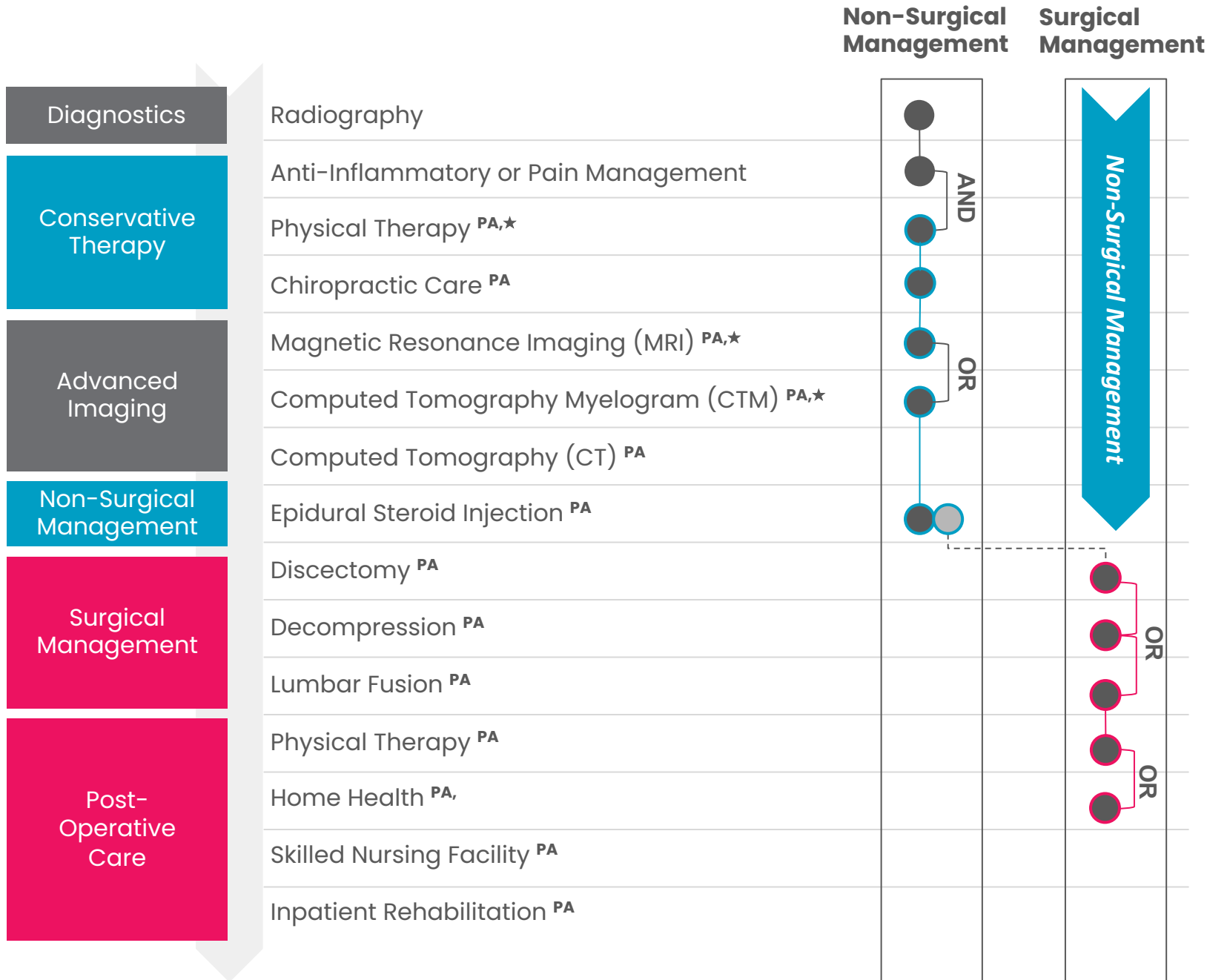
- **Lumbar radiculopathy:** Nerve dysfunction caused by nerve root compression in the lumbar spine. Symptoms include neuropathic pain, sensory dysfunction, and motor deficits as stated in the multispecialty society statement. The most common cause is a lumbar disc herniation, although other pathologies including but not limited to stenosis and spondylolisthesis can also cause radiculopathy.¹
- **Lumbar disc herniation with radiculopathy:** Defined by the North American Spine Society as “localized displacement of disc material beyond the normal margins of the intervertebral disc space resulting in pain, weakness or numbness in a myotomal or dermatomal distribution.”²
- **Dermatomes:** Nerve fibers that provide sensations of touch or pain to a corresponding sensory sector of the skin.
- **Myotomes:** Muscles served by the spinal root.
- **Straight leg raise test:** A neurological maneuver in which an examiner gently raises a supine patient's leg by flexing the hip with the knee in full extension. A positive result occurs when the patient experiences pain 1) along the lower limb in the same distribution of the lower radicular nerve roots, or 2) elicited by lower limb flexion in a greater than 45° angle.⁵
- **Contralateral straight leg raise or crossed straight leg raise (crossed Lasegue):** A test where an examiner raises the supine patient's unaffected leg. A positive result occurs if radicular pain is reproduced in the affected leg while the contralateral leg is raised.

- **Femoral nerve stretch:** The patient lies prone, the knee is passively flexed to the thigh, and the hip is passively extended. The test is positive if the patient experiences anterior thigh pain.
- **Slump test:** A neural tension maneuver or a sciatic stretch test where patients report on their symptoms at each step. The test begins with a patient seated with both the hips and knees positioned at 90° and their hands behind their back to achieve a neutral spine. The examiner has the patient slump forward at the thoracic and lumbar spine while maintaining the head and neck in neutral position. The examiner applies pressure over the shoulders, and the patient places their chin on their chest. The patient extends their knee while the examiner uses one hand to apply overpressure to the triple flexion position and uses the other hand to add passive dorsiflexion to the patient's extended foot. A positive result occurs when the patient experiences pain and the test ceases.⁶⁷
- **Spinal Instability:** The ability of the spine under physiologic loads to limit patterns of displacement so as 1) not to damage or irritate the spinal cord and nerve roots and 2) prevent incapacitating deformity or pain due to structural changes. Instability (acute or chronic) refers to an excessive displacement of the spine that would result in a neurologic deficit, deformity, or pain.⁸
- **Iatrogenic instability:** Instability caused by a previous surgery.

Lumbar Radiculopathy

What is a "Cohere Care Path"?

These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



Key

- ^{PA} = Service may require prior authorization
- ★ = Denotes preferred service
- AND = Services completed concurrently
- OR = Services generally mutually exclusive
- = Non-surgical management prior authorization group of services
- = Surgical management prior authorization group of services
- - - = Subsequent service
- - - = Management path moves to a different management path

Care Path Diagnostic Criteria

Disease Classification

Lumbar Radiculopathy with or without Disc Herniation

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
G95.20	Unspecified cord compression
G95.9	Disease of spinal cord, unspecified
M43.10	Spondylolisthesis, site unspecified
M45.9	Ankylosing spondylitis of unspecified sites in spine
M46.00	Spinal enthesopathy, site unspecified
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region
M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.20	Osteomyelitis of vertebra, site unspecified
M46.25	Osteomyelitis of vertebra, thoracolumbar region
M46.26	Osteomyelitis of vertebra, lumbar region
M46.27	Osteomyelitis of vertebra, lumbosacral region
M46.28	Osteomyelitis of vertebra, sacral and sacrococcygeal region
M46.30	Infection of intervertebral disc (pyogenic), site unspecified
M46.35	Infection of intervertebral disc (pyogenic), thoracolumbar region
M46.36	Infection of intervertebral disc (pyogenic), lumbar region
M46.37	Infection of intervertebral disc (pyogenic), lumbosacral region
M46.38	Infection of intervertebral disc (pyogenic), sacral and sacrococcygeal region
M46.39	Infection of intervertebral disc (pyogenic), multiple sites in spine

M46.40	Discitis, unspecified, site unspecified
M46.45	Discitis, unspecified, thoracolumbar region
M46.46	Discitis, unspecified, lumbar region
M46.47	Discitis, unspecified, lumbosacral region
M46.48	Discitis, unspecified, sacral and sacrococcygeal region
M46.49	Discitis, unspecified, multiple sites in spine
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified
M48.25	Kissing spine, thoracolumbar region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.2	Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.35	Other intervertebral disc degeneration, thoracolumbar region

M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M53.2X5	Spinal instabilities, thoracolumbar region
M53.2X6	Spinal instabilities, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M54.10	Radiculopathy, site unspecified
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M96.0	Pseudarthrosis after fusion or arthrodesis
M96.1	Postlaminectomy syndrome, not elsewhere classified
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.33	Osseous stenosis of neural canal of lumbar region
M99.34	Osseous stenosis of neural canal of sacral region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.63	Osseous and subluxation stenosis of intervertebral foramina of lumbar region
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region

M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region

Presentation and Etiology

Causes and Risk Factors

The most common cause of lumbar radiculopathy is nerve root compression due to lumbar disc herniation or spondylosis. This often results from the underlying degenerative effects of arthritis on the spine.

Clinical Presentation^{2,9}

- Lower extremity pain, paresthesia, weakness, or numbness in a myotomal or dermatome distribution.
- Increased pain with coughing, sneezing or straining.
- Low back pain may also be present.

Typical Physical Exam Findings²

- Sensory disturbance (i.e., loss of sensation or decreased sensory response) or weakness in a dermatomal/myotomal distribution.
- Absent or decreased Achilles reflex.
- Reduced spinal mobility.
- Positive specialty tests:
 - Straight leg raise
 - Crossed Lasègue's (or crossed straight leg raise)
 - Femoral nerve stretch
 - Slump

Typical Diagnostic Findings

Magnetic resonance imaging (MRI), computed tomography myelogram (CTM), or computed tomography (CT) can confirm a lumbar disc herniation. MRI is preferred; use CTM if MRI is contraindicated and CT if both MRI and CTM are contraindicated.

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Anti-Inflammatories, Acetaminophen, Gabapentin, or Muscle Relaxers

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Over the counter (OTC) anti-inflammatory medications or acetaminophen are not recommended for patients with progressive neurologic impairment. Nonoperative management is effective for acute radicular pain in approximately 70–85% of cases at an average of 4–6 weeks. [10](#), [11](#)
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Anti-Inflammatories, Acetaminophen, Gabapentin, or Muscle Relaxers** are considered appropriate if **ANY** of the following are **TRUE**²:
- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

None.

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** Base the medical necessity of subsequent physical therapy on the individual's response to the previous session (i.e., clinically relevant sustained reductions in pain, improvement in functional abilities).
- **Recommended Clinical Approach:** After physical therapy treatment, provide the patient with a tailored exercise program. Nonoperative management is effective for acute radicular pain in approximately 70-80% of cases at an average of 4-6 weeks.^{10,11}
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Physical therapy** is considered appropriate if **ANY** of the following is **TRUE**:
 - ◆ It has been more than 3 months since the last date of previous physical therapy and the symptoms are different from the prior presentation.
 - ◆ It has been more than 2 weeks since symptom onset.
 - ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - ◆ Post-procedure or postoperative therapy may be warranted to improve pain or function.

Non-Indications

- **Physical therapy** is not considered appropriate if **ANY** of the following is **TRUE**:
 - ◆ Progressive neurological deficits.
 - ◆ Recent physical therapy (in the last 3 months) was unsuccessful.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs

97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures

97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes

97760	<p>Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes;</p> <p>Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes;</p> <p>Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes;</p> <p>Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes;</p> <p>Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes;</p> <p>Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes</p>
97761	<p>Initial prosthetic training of lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of lower extremity, each 15 minutes</p> <p>Initial prosthetic training of upper and lower extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremities, each 15 minutes;</p> <p>Initial prosthetic training of upper extremity, each 15 minutes</p>
97763	<p>Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management and training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities and</p>

	<p>trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management of lower extremity, each 15 minutes</p> <p>Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremities, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic management of upper extremity, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity, each 15 minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper</p>
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	<p>extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk,</p>
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	<p>each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity and trunk, each 15 minutes</p>
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Diagnostics

Service: Radiography

General Guidelines

None.

Medical Necessity Criteria

Indications

→ **Radiography** is considered appropriate if **ANY** of the following is **TRUE**¹²:

- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
- ◆ The patient presents with **ANY** of the following “red flags”:
 - Recent significant trauma or milder trauma in patients over 50 years old
 - Unexplained weight loss, fever, or night sweats
 - Immunosuppression
 - History of cancer, osteoporosis, or intravenous drug use
 - Prolonged use of corticosteroids
 - Age over 70 years.
 - Bowel or bladder dysfunction
 - Saddle anesthesia
 - Focal neurologic deficit with progressive, persistent (greater than 1 month), or disabling symptoms
 - Major motor weakness of lower extremities
 - Duration greater than 6 weeks
 - Clinically significant neurological deficit present

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72020	X-ray of spine, anteroposterior view at lumbar level; X-ray

	of spine, single view at lumbar level
72074	X-ray of thoracic spine, anteroposterior, lateral, oblique, and coned thoracolumbar junction views
72080	X-ray of thoracolumbar spine, anteroposterior and lateral views; X-ray of thoracolumbar spine, minimum of 2 views
72081	X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, single view; X-ray of entire thoracolumbar spine, single view
72082	X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, 2 views; X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, 3 views; X-ray of entire thoracolumbar spine, 2 views; X-ray of entire thoracolumbar spine, 3 views;
72083	X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, 4 views; X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, 5 views; X-ray of entire thoracolumbar spine, 4 views; X-ray of entire thoracolumbar spine, 5 views
72084	X-ray of entire thoracolumbar spine with skull, cervical and sacral spine, minimum of 6 views; X-ray of entire thoracolumbar spine, minimum of 6 views
74470	Radiological supervision and interpretation for translumbar renal cyst x-ray with contrast visualization

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** None.
 - MRI without contrast is the preferred method of advanced imaging. Use MRI with contrast if MRI without contrast is indeterminate.
 - Electrodiagnostic testing may be used if imaging and clinical assessment are misaligned to determine the nonstructural etiology of nerve pathology or other comorbid conditions.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **MRI** is considered appropriate if **ANY** of the following are **TRUE**¹²:
- ◆ The patient has **ALL** of the following:
 - The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving more than 6 weeks of conservative care (defined as a combination of either physical therapy or provider-directed home exercise program **AND** anti-inflammatory medication or oral steroids.)
 - ◆ The patient presents with **ANY** of the following red flags:
 - Progressive neurological deficits
 - Unsteady gait/balance or generalized lower extremity weakness
 - Hyperreflexia
 - Positive Babinski or clonus
 - Bowel or bladder incontinence
 - Saddle anesthesia

Non-Indications

- **MRI** is not considered appropriate if **ANY** of the following is **TRUE**¹³:
- ◆ Non-compatible implanted devices

- ◆ Metallic intraocular foreign bodies
- ◆ Claustrophobia

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72148	MRI of lumbar spinal canal and contents; MRI of lumbar spinal canal and contents without contrast
72149	MRI of lumbar spinal canal and contents with contrast
72158	MRI of lumbar spinal canal and contents without contrast, followed by contrast and further sections
72146	MRI scan of middle spinal canal
72157	MRI scan of middle spinal canal before and after contrast
72147	MRI scan of middle spinal canal with contrast
72195	MRI scan of pelvis
72196	MRI scan of pelvis with contrast
72197	MRI scan of pelvis before and after contrast

Service: Computed Tomography (CT) or Computed Tomography Myelogram (CTM)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Advanced imaging may not be required at the initial presentation in the absence of red flag signs/symptoms. CTM is suggested if MRI findings and physical examination findings are discordant; CTM may be utilized if MRI is contraindicated or indeterminate. CT may be utilized in this patient population if MRI is contraindicated or indeterminate.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **CT/CTM** is considered appropriate if **ANY** of the following are **TRUE**¹²:
- ◆ The patient is being considered for a CTM and **ALL** of the following are **TRUE**:
 - The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - The patient has failed to show significant improvement in pain or disability level due to symptoms, despite more than 6 weeks of conservative care (conservative care includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
 - MRI is contraindicated or indeterminate for reasons such as an artifact from a previous surgery (e.g., anomalies in visual representation that impact imaging quality).
 - ◆ The patient is being considered for a CTM and presents with **ANY** of the following red flags:
 - Progressive neurological deficits.
 - Unsteady gait/balance or generalized lower extremity weakness.
 - Hyperreflexia.
 - Positive Babinski or clonus.
 - Bowel or bladder incontinence.
 - Saddle anesthesia.
 - ◆ The patient is being considered for a CT and **ANY** of the following is **TRUE**:

- The patient meets the criteria for MRI or CTM but cannot receive either service due to contraindications.
- MRI or CTM studies are indeterminate.
- There is a need to obtain additional information that is not provided by an MRI (e.g., details of the bony anatomy or previous surgery).

Non-Indications

→ **CT/CTM** may not be considered appropriate if **ANY** of the following are **TRUE**:

- ◆ If the patient is being considered for a CTM and **ANY** of the following is **TRUE**^{12,14-15}:
 - In patients with bleeding disorders.
 - In patients with an allergy to iodinated contrast agents.
 - In patients who are pregnant.
- ◆ If the patient is being considered for a CT and **ANY** of the following is **TRUE**:
 - The patient is pregnant.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72131	CT of lumbar spine, CT of lumbar spine without contrast
72132	CT of lumbar spine with contrast
72133	CT of lumbar spine without contrast, followed by contrast and further sections
72128	CT scan of middle spine
72129	CT scan of middle spine with contrast
72130	CT scan of middle spine before and after contrast
72192	CT scan pelvis
72193	CT scan pelvis with contrast
72194	CT scan of pelvis before and after contrast

Non-Surgical Management

Service: Epidural Steroid Injections

General Guidelines

- **Units, Frequency, & Duration:** When the medical necessity criteria are met, a total of 3 epidural steroid injections per episode of pain per region may be performed in 6 months.
- **Criteria for Subsequent Requests:** A second injection may be considered if the patient has had one epidural steroid injection within the last six months. If the patient has had two or more epidural steroid injections in the past six months and the previous injection resulted in a 50% improvement of symptoms for three months, another injection may be considered.^{7,16-29}
- **Recommended Clinical Approach:** Perform epidural steroid injections with radiographic image guidance. One interlaminar injection is recommended at a time. Up to two transforaminal injections may be appropriate at a time bilaterally (at the same nerve level) or unilaterally at adjacent levels.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Epidural steroid injections (ESI)** are considered appropriate if **ALL** of the following are **TRUE**²:
- ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - ◆ Advanced imaging corresponds to clinical presentation and shows nerve impingement.
 - ◆ The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving conservative care for more than 6 weeks, or the patient cannot complete conservative care due to the severity of symptoms. Conservative care is a combination of either physical therapy or provider-directed home exercise program **AND** medications, anti-inflammatories, or oral steroids.
 - ◆ The patient is outside the acute period (greater than 4 weeks).
 - ◆ The patient has had fewer than 3 epidural steroid injections per region within the past 6 months with at least 3 weeks in between injections, at which time the patient had 50% improvement of symptoms.

Non-Indications

→ **Epidural steroid injections** may not be indicated if **ANY** of the following is **TRUE**³:

- ◆ Hypersensitivity (or allergy) to steroids
- ◆ Local or systemic infection
- ◆ Coagulopathy or recent use of blood thinning agents
- ◆ Uncontrolled diabetes
- ◆ The patient has **ANY** neurologic signs or symptoms:
 - Progressive neurological deficits
 - Unsteady gait/balance or generalized lower extremity weakness
 - Hyperreflexia
 - Positive Babinski or clonus
 - Bowel or bladder incontinence
 - Saddle anesthesia

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
62322	Injection of substance into lumbar spinal canal; Insertion of catheter and injection of substance into lumbar interlaminar epidural space;
62323	Injection of substance into lumbar spinal canal using imaging guidance; Insertion of catheter and injection of substance into lumbar interlaminar epidural space using imaging guidance; Insertion of catheter and injection of substance into lumbar interlaminar subarachnoid space using imaging guidance; Insertion of needle and injection of substance into lumbar interlaminar epidural space using imaging guidance; Insertion of needle and injection of substance into lumbar interlaminar subarachnoid space using imaging guidance
64483	Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using fluoroscopic

	guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using imaging guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using imaging guidance; Transforaminal injection of steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of steroid into epidural space of lumbar spine using imaging guidance
64484	Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent and steroid into epidural space of lumbar spine using imaging guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using CT guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of anesthetic agent into epidural space of lumbar spine using imaging guidance; Transforaminal injection of steroid into epidural space of lumbar spine using CT guidance; Transforaminal injection of steroid into epidural space of lumbar spine using fluoroscopic guidance; Transforaminal injection of steroid into epidural space of lumbar spine using imaging guidance
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
0231T	Injections of anesthetic agent and/or steroid into lower or sacral spinal canal using ultrasound guidance
64999	Nervous system procedure
76000	Imaging guidance for procedure, up to 1 hour

Surgical Management

Service: Lumbar Discectomy

General Guidelines

- **Units, Frequency, & Duration:** When medical necessity criteria is met, it is appropriate to proceed with surgical management.
- **Criteria for Subsequent Requests:** The medical necessity of subsequent surgeries within 3 months should be evaluated individually and be based on the response of the individual.
- **Recommended Clinical Approach:** Either open or endoscopic discectomy are appropriate treatments for radiculopathy due to lumbar disc herniation when it is refractory to conservative and non-surgical treatment.²
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Discectomy** is considered appropriate if **ANY** of the following is **TRUE**²:
- ◆ The patient has signs or symptoms of cauda equina syndrome or myelopathy and has **ALL** of the following:
 - Magnetic resonance imaging (MRI) reveals compressive pathology.
 - **ANY** of the following symptoms:
 - Bowel, bladder, and erectile dysfunction
 - Diffuse motor weakness
 - Saddle-distribution anesthesia
 - ◆ The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists and **ALL** of the following:
 - MRI reveals disc herniation compressing a nerve that is consistent with the clinical presentation.
 - **ANY** of the following is **TRUE**:
 - The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving non-surgical management interventions for more than 6 weeks. Non-surgical management includes a combination of physical therapy, provider-directed home exercise program, facet injections/medial branch blocks (M BBB), epidural

- steroid injections (ESI), and anti-inflammatory medications, pain management, or oral steroids.
- The patient’s severe pain or disability is affecting their quality of life and limiting their daily life (including working and ability to provide self care).
- The patient has progressive neurological motor deficits.

Non-Indications

- **Discectomy** is considered appropriate if **ANY** of the following is **TRUE**:
 - ◆ The pain does not originate from the contained herniated discs.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
63030	Hemilaminectomy and foraminotomy of lumbar spine with decompression of nerve root; Hemilaminectomy and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of lumbar spine with decompression of nerve root; Hemilaminectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root
63035	Hemilaminectomy and foraminotomy of lumbar spine with decompression of nerve root; Hemilaminectomy and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with excision of herniated intervertebral disc and

	<p>decompression of nerve root; Hemilaminectomy of lumbar spine with decompression of nerve root; Hemilaminectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root</p>
<p>63042</p>	<p>Hemilaminectomy and foraminotomy of lumbar spine with decompression of nerve root; Hemilaminectomy and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of lumbar spine with decompression of nerve root; Hemilaminectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of lumbar spine with partial facetectomy, foraminotomy, and decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and foraminotomy of single interspace of lumbar spine with decompression of nerve root; Hemilaminectomy and foraminotomy of single interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of single interspace of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of single interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of single interspace of lumbar spine with decompression of nerve root; Hemilaminectomy of single interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of single interspace of lumbar spine with partial facetectomy, foraminotomy, and decompression of nerve root; Hemilaminectomy, partial</p>

	<p>facetectomy, and foraminotomy of single interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root</p>
63044	<p>Hemilaminectomy and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of lumbar spine with decompression of nerve root; Hemilaminectomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of lumbar spine with partial facetectomy, foraminotomy, and decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and foraminotomy of additional interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy and partial facetectomy of additional interspace of lumbar spine with decompression of nerve root; Hemilaminectomy and partial facetectomy of additional interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of additional interspace of lumbar spine with decompression of nerve root; Hemilaminectomy of additional interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root; Hemilaminectomy of additional interspace of lumbar spine with partial facetectomy, foraminotomy, and decompression of nerve root; Hemilaminectomy, partial facetectomy, and foraminotomy of additional interspace of lumbar spine with excision of herniated intervertebral disc and decompression of nerve root</p>
62380	<p>Endoscopic decompression of lumbar nerve root; Endoscopic decompression of lumbar spinal cord; Endoscopic decompression of lumbar spinal cord and nerve root</p>
C9757	<p>Laminotomy (hemilaminectomy), with decompression of</p>

	nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar
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Service: Lumbar Decompression Without Fusion

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Surgical decompression is appropriate for patients with moderate to severe symptoms that continue or progress despite nonsurgical treatment or without evidence of instability.³⁰
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Lumbar decompression without fusion** is considered appropriate if **ANY** of the following is **TRUE**³⁰:
- ◆ The patient has signs or symptoms of cauda equina syndrome or myelopathy and **ALL** of the following:
 - Magnetic resonance imaging (MRI) reveals compressive pathology.
 - **ANY** of the following symptoms of nerve compression:
 - Bowel, bladder, and erectile dysfunction
 - Diffuse motor weakness
 - Saddle-distribution anesthesia
 - ◆ The patient has **ALL** of the following:
 - The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - MRI reveals compressive pathology.
 - **ANY** of the following:
 - The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving non-surgical management interventions for more than 6 weeks. Non-surgical management includes a combination of physical therapy, provider-directed home exercise program, facet injections/medial branch blocks (MBBB), epidural steroid injections (ESI), and anti-inflammatory medications, pain management, or oral steroids.
 - The patient's severe pain or disability is affecting their quality of life and limiting their daily life (including working and ability to provide self care).

- The patient has progressive neurological motor deficits.

Non-Indications

None.

Site of Service Criteria

Inpatient or outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
63012	Laminectomy of lumbar spine with removal of abnormal facet and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal facet and pars inter-articularis and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal pars inter-articularis and decompression of cauda equina and nerve root
63017	Laminectomy of lumbar spine with decompression of cauda equina; Laminectomy of lumbar spine with decompression of spinal cord; Laminectomy of lumbar spine with decompression of spinal cord and cauda equina; Laminectomy of lumbar spine with exploration of cauda equina; Laminectomy of lumbar spine with exploration of spinal cord; Laminectomy of lumbar spine with exploration of spinal cord and cauda equina
63047	Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina and nerve root; Unilateral laminectomy, facetectomy, and

	<p>foraminotomy of single vertebra of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord and nerve root</p>
63048	<p>Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of nerve root;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord;</p> <p>Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord and nerve root</p>
63057	<p>Decompression of lumbar cauda equina and nerve root by transpedicular approach;</p> <p>Decompression of lumbar cauda equina by transpedicular approach;</p> <p>Decompression of lumbar nerve root by transpedicular approach;</p> <p>Decompression of lumbar spinal cord and nerve root by transpedicular approach;</p> <p>Decompression of lumbar spinal cord by transpedicular approach;</p> <p>Decompression of lumbar spinal cord, cauda equina, and nerve root by transpedicular approach;</p> <p>Decompression of lumbar cauda equina and nerve root in additional vertebra by transpedicular approach;</p> <p>Decompression of lumbar cauda equina in additional vertebra by transpedicular approach;</p> <p>Decompression of lumbar nerve root in additional vertebra by transpedicular approach;</p> <p>Decompression of lumbar spinal cord and nerve root in additional vertebra by transpedicular approach;</p> <p>Decompression of lumbar spinal cord in additional vertebra by transpedicular approach</p>
63056	<p>Decompression of lumbar cauda equina and nerve root by lateral extraforaminal approach;</p> <p>Decompression of lumbar cauda equina and nerve root by transfacet</p>

	<p>approach; Decompression of lumbar cauda equina and nerve root in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina and nerve root in single vertebra by transfacet approach; Decompression of lumbar cauda equina by lateral extraforaminal approach; Decompression of lumbar cauda equina by transfacet approach; Decompression of lumbar cauda equina in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina in single vertebra by transfacet approach; Decompression of lumbar nerve root by lateral extraforaminal approach; Decompression of lumbar nerve root by transfacet approach; Decompression of lumbar nerve root in single vertebra by lateral extraforaminal approach; Decompression of lumbar nerve root in single vertebra by transfacet approach; Decompression of lumbar spinal cord and cauda equina by lateral extraforaminal approach; Decompression of lumbar spinal cord and cauda equina by transfacet approach; Decompression of lumbar spinal cord and nerve root by lateral extraforaminal approach; Decompression of lumbar spinal cord and nerve root by transfacet approach; Decompression of lumbar spinal cord by lateral extraforaminal approach; Decompression of lumbar spinal cord by transfacet approach; Decompression of lumbar spinal cord in single vertebra by lateral extraforaminal approach; Decompression of lumbar spinal cord in single vertebra by transfacet approach; Decompression of lumbar spinal cord, cauda equina, and nerve root by transfacet approach</p>
62380	<p>Endoscopic decompression of lumbar nerve root; Endoscopic decompression of lumbar spinal cord; Endoscopic decompression of lumbar spinal cord and nerve root</p>
63005	<p>Laminectomy lumbar 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</p>
63011	<p>Laminectomy sacral 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</p>

S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar
64708	Release of nerve of arm or leg, open procedure
64714	Release of nerve of upper leg, open procedure

Service: Single-Level Lumbar Fusion (with or without Decompression)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Lumbar fusion for central canal or neural foraminal stenosis is appropriate for patients with moderate to severe symptoms that continue or progress despite nonsurgical treatment with evidence of (or creation of) an unstable spine.³⁰
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Lumbar fusion with/without decompression** is considered appropriate if there is radiographic evidence of instability or iatrogenic instability caused by the decompression and **ANY** of the following is **TRUE**³⁰:
- ◆ The patient has signs or symptoms of cauda equina syndrome or myelopathy and **ALL** of the following:
 - Magnetic resonance imaging (MRI) reveals compressive pathology.
 - **ANY** of the following symptoms:
 - Bowel, bladder, and erectile dysfunction
 - Diffuse motor weakness
 - Saddle-distribution anesthesia
 - ◆ The patient has **ALL** of the following:
 - The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - MRI reveals compressive pathology.
 - One of the following:
 - The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving non-surgical management for more than 6 weeks.
 - The patient has severe pain or disability affecting their quality of life and limiting their daily life (including working and unable to provide self care).
 - The patient has progressive neurological motor deficits.

Non-Indications

None.

Site of Service Criteria

Performed as inpatient or outpatient

Procedure Codes (HCPCS/CPT)

Decompression without fusion codes: 63012,63017,63030,63035,63042,63044, 63047, 63048, 63056, 63057, 63080

The following codes are add-on CPT codes for fusion, or may be submitted as primary codes without decompression codes:

HCPCS Code	Code Description/Definition
22533	Arthrodesis of lumbar vertebra with minimal discectomy; Arthrodesis of lumbar vertebra by lateral extracavitary technique with minimal discectomy
22558	Arthrodesis by anterior interbody technique of lumbar region with discectomy; Arthrodesis by anterior interbody technique of lumbar region, with minimal discectomy
22612	Arthrodesis of lumbar vertebral segment by posterior and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterior technique; Arthrodesis of lumbar vertebral segment by posterolateral and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterolateral technique
22630	Arthrodesis of lumbar vertebral segment by posterior interbody technique with discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy and discectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with discectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy and discectomy
22633	Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique

	and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with discectomy
22840	Posterior non segmental instrumentation
22845	Anterior Instrumentation 2-3 vertebral segments
22853	Insertion of biomechanical interbody device with arthrodesis
22854	Insertion of biomechanical device with corpectomy defect w/ arthrodesis
63012	Laminectomy of lumbar spine with removal of abnormal facet and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal facet and pars inter-articularis and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal pars inter-articularis and decompression of cauda equina and nerve root
63017	Laminectomy of lumbar spine with decompression of cauda equina; Laminectomy of lumbar spine with decompression of spinal cord; Laminectomy of lumbar spine with decompression of spinal cord and cauda equina; Laminectomy of lumbar spine with exploration of cauda equina; Laminectomy of lumbar spine with

	exploration of spinal cord; Laminectomy of lumbar spine with exploration of spinal cord and cauda equina
63047	Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord and nerve root
63048	Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord and nerve root
+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)
63057	Decompression of lumbar cauda equina and nerve root by transpedicular approach; Decompression of lumbar cauda equina by transpedicular approach; Decompression of lumbar nerve root by transpedicular approach; Decompression of lumbar spinal cord and nerve root by transpedicular approach; Decompression of lumbar spinal cord by transpedicular approach; Decompression of lumbar spinal cord, cauda equina, and nerve root by transpedicular approach; Decompression of lumbar cauda equina and nerve root in additional vertebra by transpedicular approach; Decompression of lumbar cauda equina in additional vertebra by transpedicular approach; Decompression of lumbar nerve root in additional vertebra by transpedicular approach; Decompression of lumbar spinal cord and nerve root in additional vertebra by transpedicular approach; Decompression of lumbar spinal cord in additional vertebra by transpedicular approach
63056	Decompression of lumbar cauda equina and nerve root by lateral extraforaminal approach; Decompression of lumbar cauda equina and nerve root by transfacet approach; Decompression of lumbar cauda equina and nerve root in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina and nerve root in single vertebra by transfacet approach; Decompression of lumbar cauda equina by lateral extraforaminal approach; Decompression of lumbar cauda equina by transfacet approach; Decompression of lumbar cauda equina in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina in single vertebra by transfacet approach; Decompression of lumbar nerve root by lateral extraforaminal approach; Decompression of lumbar nerve root by transfacet approach; Decompression of lumbar nerve root in single vertebra by lateral extraforaminal

	<p>approach; Decompression of lumbar nerve root in single vertebra by transfacet approach; Decompression of lumbar spinal cord and cauda equina by lateral extraforaminal approach; Decompression of lumbar spinal cord and cauda equina by transfacet approach; Decompression of lumbar spinal cord and nerve root by lateral extraforaminal approach; Decompression of lumbar spinal cord and nerve root by transfacet approach; Decompression of lumbar spinal cord by lateral extraforaminal approach; Decompression of lumbar spinal cord by transfacet approach; Decompression of lumbar spinal cord in single vertebra by lateral extraforaminal approach; Decompression of lumbar spinal cord in single vertebra by transfacet approach; Decompression of lumbar spinal cord, cauda equina, and nerve root by transfacet approach</p>
62380	<p>Endoscopic decompression of lumbar nerve root; Endoscopic decompression of lumbar spinal cord; Endoscopic decompression of lumbar spinal cord and nerve root</p>
63005	<p>Laminectomy lumbar 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</p>
63011	<p>Laminectomy sacral 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</p>
S2348	<p>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar</p>

Service: Multi-Level Lumbar Fusion (with or without Decompression)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Lumbar fusion for central canal or neuroforaminal stenosis is appropriate for patients with moderate to severe symptoms that continue or progress despite nonsurgical treatment with evidence of (or creation of) an unstable spine.³¹
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Multi-level lumbar fusion, with/without decompression** is considered appropriate if there is radiographic evidence of instability or iatrogenic instability caused by or potentially caused by the decompression at each level planned for surgery and **ANY** of the following is **TRUE**³¹:
- ◆ The patient has signs or symptoms of cauda equina syndrome or myelopathy and **ALL** of the following:
 - Magnetic resonance imaging (MRI) reveals compressive pathology.
 - **ANY** of the following symptoms:
 - Bowel, bladder, and erectile dysfunction
 - Diffuse motor weakness
 - Saddle-distribution anesthesia
 - ◆ The patient has **ALL** of the following:
 - The patient has **ANY** positive findings from the [clinical presentation](#) and [typical physical exam findings](#) lists.
 - MRI reveals compressive pathology.
 - **ANY** of the following:
 - The patient fails to show significant improvement in pain or disability level due to symptoms, despite receiving non-surgical management for more than 6 weeks.
 - The patient has severe pain or disability affecting their quality of life and limiting their daily life (including working and unable to provide self care).
 - The patient has progressive neurological motor deficits.

Non-Indications

None.

Site of Service Criteria

Performed as inpatient or outpatient

Procedure Codes (HCPCS/CPT)

Decompression without fusion codes: 63012,63017,63030,63035,63042,63044, 63047, 63048, 63056, 63057, 63080

The following codes are add on CPT codes for fusion, or may be submitted as primary codes without decompression codes:

HCPCS Code	Code Description/Definition
22533	Arthrodesis of lumbar vertebra with minimal discectomy; Arthrodesis of lumbar vertebra by lateral extracavitary technique with minimal discectomy
+22534	Arthrodesis of lumbar vertebra with minimal discectomy; Arthrodesis of lumbar vertebra with minimal discectomy
22558	Arthrodesis by anterior interbody technique of lumbar region with discectomy; Arthrodesis by anterior interbody technique of lumbar region, with minimal discectomy
+22585	Arthrodesis by anterior interbody technique of vertebral region with discectomy; Arthrodesis by anterior interbody technique of each additional interspace, with minimal discectomy
22612	Arthrodesis of lumbar vertebral segment by posterior and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterior technique; Arthrodesis of lumbar vertebral segment by posterolateral and lateral transverse technique; Arthrodesis of lumbar vertebral segment by posterolateral technique
+22614	Arthrodesis of each additional vertebral segment of single level by posterior technique; Arthrodesis of each additional vertebral segment of single level by posterolateral technique; Arthrodesis of vertebral segment by posterior technique; Arthrodesis of vertebral segment by posterolateral technique
22630	Arthrodesis of lumbar vertebral segment by posterior interbody technique with discectomy; Arthrodesis of lumbar

	vertebral segment by posterior interbody technique with laminectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy and discectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with discectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy; Arthrodesis of single lumbar vertebral interspace by posterior interbody technique with laminectomy and discectomy
+22632	Arthrodesis of each additional vertebral interspace by posterior interbody technique with discectomy; Arthrodesis of each additional vertebral interspace by posterior interbody technique with laminectomy; Arthrodesis of each additional vertebral interspace by posterior interbody technique with laminectomy and discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with discectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy; Arthrodesis of lumbar vertebral segment by posterior interbody technique with laminectomy and discectomy
22633	Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of single lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy and discectomy;

	Arthrodesis of single lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with discectomy
+22634	Arthrodesis by combined technique of lumbar vertebral segment with discectomy; Arthrodesis by combined technique of lumbar vertebral segment with laminectomy; Arthrodesis by combined technique of lumbar vertebral segment with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral interspace by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterior technique and posterior interbody technique, with laminectomy and discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with discectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with laminectomy; Arthrodesis of each additional lumbar vertebral segment by combined posterolateral technique and posterior interbody technique, with laminectomy and discectomy
22840	Posterior non segmental instrumentation
22842	Posterior segmental instrumentation 3-6 vertebral segments
22843	Posterior segmental instrumentation 7-12 vertebral segments
22844	Posterior segmental instrumentation >/13 vertebral segments
22845	Anterior Instrumentation 2-3 vertebral segments
22846	Anterior Instrumentation 4-7 vertebral segments
22847	Anterior Instrumentation >/8 vertebral segments

22853	Insertion of biomechanical interbody device with arthrodesis
22854	Insertion of biomechanical device with corpectomy defect w/ arthrodesis
63012	Laminectomy of lumbar spine with removal of abnormal facet and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal facet and pars inter-articularis and decompression of cauda equina and nerve root; Laminectomy of lumbar spine with removal of abnormal pars inter-articularis and decompression of cauda equina and nerve root
63017	Laminectomy of lumbar spine with decompression of cauda equina; Laminectomy of lumbar spine with decompression of spinal cord; Laminectomy of lumbar spine with decompression of spinal cord and cauda equina; Laminectomy of lumbar spine with exploration of cauda equina; Laminectomy of lumbar spine with exploration of spinal cord; Laminectomy of lumbar spine with exploration of spinal cord and cauda equina
63047	Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of cauda equina and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of single vertebra of lumbar spine with decompression of spinal cord and nerve root
63048	Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar

	<p>spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of lumbar spine with decompression of spinal cord and nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of nerve root; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord; Unilateral laminectomy, facetectomy, and foraminotomy of additional vertebra of lumbar spine with decompression of spinal cord and nerve root</p>
+63052	<p>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)</p>
+63053	<p>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)</p>
63057	<p>Decompression of lumbar cauda equina and nerve root by transpedicular approach; Decompression of lumbar cauda equina by transpedicular approach; Decompression of lumbar nerve root by transpedicular approach; Decompression of lumbar spinal cord and nerve root by transpedicular approach; Decompression of lumbar spinal cord by transpedicular approach; Decompression of lumbar spinal cord, cauda equina, and nerve root by transpedicular approach; Decompression of lumbar cauda equina and nerve root in additional vertebra by transpedicular approach; Decompression of lumbar cauda equina in additional vertebra by transpedicular approach; Decompression of lumbar nerve root in additional vertebra by transpedicular approach; Decompression of lumbar spinal cord and nerve root in additional vertebra by transpedicular approach; Decompression of lumbar spinal cord in additional vertebra by transpedicular approach</p>
63056	<p>Decompression of lumbar cauda equina and nerve root by</p>

	<p>lateral extraforaminal approach; Decompression of lumbar cauda equina and nerve root by transfacet approach; Decompression of lumbar cauda equina and nerve root in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina and nerve root in single vertebra by transfacet approach; Decompression of lumbar cauda equina by lateral extraforaminal approach; Decompression of lumbar cauda equina by transfacet approach; Decompression of lumbar cauda equina in single vertebra by lateral extraforaminal approach; Decompression of lumbar cauda equina in single vertebra by transfacet approach; Decompression of lumbar nerve root by lateral extraforaminal approach; Decompression of lumbar nerve root by transfacet approach; Decompression of lumbar nerve root in single vertebra by lateral extraforaminal approach; Decompression of lumbar nerve root in single vertebra by transfacet approach; Decompression of lumbar spinal cord and cauda equina by lateral extraforaminal approach; Decompression of lumbar spinal cord and cauda equina by transfacet approach; Decompression of lumbar spinal cord and nerve root by lateral extraforaminal approach; Decompression of lumbar spinal cord and nerve root by transfacet approach; Decompression of lumbar spinal cord by lateral extraforaminal approach; Decompression of lumbar spinal cord by transfacet approach; Decompression of lumbar spinal cord in single vertebra by lateral extraforaminal approach; Decompression of lumbar spinal cord in single vertebra by transfacet approach; Decompression of lumbar spinal cord, cauda equina, and nerve root by transfacet approach</p>
62380	<p>Endoscopic decompression of lumbar nerve root; Endoscopic decompression of lumbar spinal cord; Endoscopic decompression of lumbar spinal cord and nerve root</p>
63005	<p>Laminectomy lumbar 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</p>
63011	<p>Laminectomy sacral with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2</p>

	vertebral segments
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist

3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			
3- Intermediate Risk	Malnutrition	transferrin <200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm ³ BMI <18		Preoperative consultation with nutritionist
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			

4- High Risk	Impaired cognition; dementia			
4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			
4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance <100 mL/min		
4- High Risk	Opioid dependence			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	

5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			
5- Very High Risk	Chronic Pain			

Post-Operative Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Physical therapy is recommended for postoperative care after lumbar discectomy or decompression.³²
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Physical therapy postoperative** may be appropriate if **ANY** of the following is **TRUE**³²:
- ◆ The patient had surgery related to their lumbar radiculopathy diagnosis.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy

97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities

	to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities,

	<p>each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes</p>
<p>97763</p>	<p>Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes Subsequent orthotic training of lower extremity, each 15</p>

	<p>minutes</p> <p>Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremities, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent orthotic training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremities,</p>
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	<p>each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management of upper extremity, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity, each 15 minutes</p> <p>Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremities, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of upper extremity, each 15 minutes</p> <p>Subsequent orthotic management and training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic management of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent orthotic training of lower extremities, each 15 minutes</p> <p>Subsequent orthotic training of lower extremity and trunk, each 15 minutes</p> <p>Subsequent prosthetic management and training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic management of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities and trunk, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremities, each 15 minutes</p> <p>Subsequent prosthetic training of lower extremity and trunk, each 15 minutes</p>
97799	Unlisted physical medicine/rehabilitation service or

	procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Service: Home Health Care

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Home health care is rarely recommended for postoperative care.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Home health care** may be appropriate if **ALL** of the following are **TRUE**:
- ◆ The patient lives with those that are unable to care for the patient postoperatively.
 - ◆ The patient's surgery was a discectomy, decompression, or lumbar spinal fusion.

Non-Indications

None.

Site of Service Criteria

Home

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99509	Home visit for assistance with activities of daily living and personal care
99600	Unlisted home visit procedure; Unlisted home visit service
99334	Level 1 rest home visit for evaluation and management of established patient with minor and/or self-limited problem, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time with patient, family, and/or caregiver 15 minutes
G0129	Partial hosp prog service
G0283	Elec stim other than wound

Service: Inpatient Rehabilitation

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Inpatient rehabilitation may be indicated for postoperative care in cases where outpatient physical therapy and home health care are not appropriate.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Inpatient rehabilitation** may be appropriate if **ANY** of the following is **TRUE**:

- ◆ A neurologic deficit occurs postoperatively.
- ◆ There are postoperative complications.
- ◆ The patient does not have others to take care of them at home and **ALL** of the following:
 - Had surgery related to their lumbar radiculopathy diagnosis.

Non-Indications

None.

Site of Service Criteria

Hospital

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99221	Level 1 initial hospital care for evaluation and management of patient with problem of low severity, including comprehensive history and physical examination, and medical decision-making of low complexity, typical time 30 minutes; Level 1 initial hospital care for evaluation and management of patient with problem of low severity, including detailed history and physical examination, and straightforward medical decision-making, typical time 30 minutes

99222	Level 2 initial hospital care for evaluation and management of patient with problem of moderate severity, including comprehensive history and physical examination, and medical decision-making of moderate complexity, typical time 50 minutes
99223	Level 3 initial hospital care for evaluation and management of patient with problem of high severity, including comprehensive history and physical examination, and medical decision-making of high complexity, typical time 70 minutes
99231	Level 1 subsequent hospital care for evaluation and management of patient, including detailed history and physical examination, and medical decision-making of low complexity, typical time 15 minutes; Level 1 subsequent hospital care for evaluation and management of patient, including detailed history and physical examination, and straightforward medical decision-making, typical time 15 minutes
99232	Level 2 subsequent hospital care for evaluation and management of patient, including expanded problem-focused interval history and medical decision-making of moderate complexity, typical time 25 minutes; Level 2 subsequent hospital care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, and medical decision-making of moderate complexity, typical time 25 minutes; Level 2 subsequent hospital care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, typical time 25 minutes; Level 2 subsequent hospital care for evaluation and management of patient, including expanded problem-focused physical examination and medical decision-making of moderate complexity, typical time 25 minutes
99233	Level 3 subsequent hospital care for evaluation and management of patient, including detailed interval history and medical decision making of moderate complexity, typical time 35 minutes; Level 3 subsequent hospital care for evaluation and management of patient, including detailed interval history and physical examination, and

	<p>medical decision making of moderate complexity, typical time 35 minutes; Level 3 subsequent hospital care for evaluation and management of patient, including detailed interval history and physical examination, typical time 35 minutes; Level 3 subsequent hospital care for evaluation and management of patient, including detailed physical examination and medical decision making of moderate complexity, typical time 35 minutes</p>
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Service: Skilled Nursing Facility

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** May be indicated for post-operative care in cases where the site of surgery occurred at an inpatient hospital and outpatient physical therapy or home health care are not indicated.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Skilled Nursing Facility** is considered appropriate if **ANY** of the following is **TRUE**:

- ◆ A neurologic deficit occurs postoperatively.
- ◆ There are postoperative complications.
- ◆ The patient does not have others to take care of them at home and **ALL** of the following:
 - Had surgery related to their lumbar radiculopathy diagnosis.

Non-Indications

None.

Site of Service Criteria

Skilled nursing facility (SNF)

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
99304	Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including comprehensive history and physical examination, and medical decision-making of low complexity, typical time 25 minutes; Level 1 initial nursing facility care for evaluation and management of patient with problem of low severity, including detailed history and physical examination, and straightforward medical decision-making, typical time 25 minutes

99305	Level 2 initial nursing facility care for evaluation and management of patient with problem of moderate severity, including comprehensive history and physical examination, and medical decision-making of moderate complexity, typical time 35 minutes
99306	Level 3 initial nursing facility care for evaluation and management of patient with problem of high severity, including comprehensive history and physical examination, and medical decision-making of high complexitym typical time 45 minutes
99307	Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and physical examination, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused interval history and straightforward medical decision-making, typical time 10 minutes; Level 1 subsequent nursing facility care for evaluation and management of patient, including problem-focused physical examination and straightforward medical decision-making, typical time 10 minutes
99308	Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, and medical decision-making of low complexity, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused interval history and physical examination, typical time 15 minutes; Level 2 subsequent nursing facility care for evaluation and management of patient, including expanded problem-focused physical examination and medical decision-making of low complexity, typical time 15

	minutes
99309	Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and medical decision-making of moderate complexity, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, and medical decision-making of moderate complexity. typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed interval history and physical examination, typical time 25 minutes; Level 3 subsequent nursing facility care for evaluation and management of patient, including detailed physical examination and medical decision-making of moderate complexity, typical time 25 minutes
99310	Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, and medical decision-making of high complexity, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive interval history and physical examination, typical time 35 minutes; Level 4 subsequent nursing facility care for evaluation and management of patient, including comprehensive physical examination and medical decision-making of high complexity, typical time 35 minutes
99315	Nursing facility discharge day management, 30 minutes or less
99316	Nursing facility day management, more than 30 minutes
G0128	Corf skilled nursing service

Other Services

Service: Bracing

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:** Bracing may be appropriate postoperatively. Bracing is not recommended preoperatively without a fracture.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- **Bracing** is considered appropriate if **ANY** of the following are **TRUE**³²:
- ◆ Bracing may be appropriate postoperatively.
 - ◆ The patient has a fracture.

Non-Indications

- **Bracing** is not considered appropriate if **ANY** of the following are **TRUE**:
- ◆ Bracing is not recommended preoperatively without a fracture.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

None.

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