Subject: Thoracic Spinal Surgeries

Medical Policy #: MPM 58.0

Original Effective Date: 07-26-2023

Status: New

Last Review Date: N/A

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Thoracic laminectomy (and/or thoracic discectomy and fusion)

Coverage Determination

Prior Authorization is not required, except for 63057, 22534, 22585, 22614, and 63048.

For Commercial, Medicare and Medicaid.

A. Thoracic laminectomy (includes and/or thoracic discectomy and fusion) with herniated discs or other etiology of thoracic nerve root compression (osteophytic spurring, ligamentous hypertrophy) when *all* of the following criteria are met:

1) Rule out of all other reasonable sources of pain and/or neurological deficit; ***and***
2) Signs or symptoms of neural compression (radiculopathy, neurogenic claudication, myelopathy) associated with the levels being treated; ***and***
3) Imaging studies such as CT or MRI, indicate central/lateral recess or foraminal stenosis (graded as moderate, moderate to severe or severe; not mild or mild to moderate), or nerve root or spinal cord compression, at the level corresponding with the clinical findings; ***and***
4) Failure of at least 6 weeks of conservative therapy (unless there is evidence of thoracic cord compression, or other indications for waiver of requirements for conservative management, noted below); **and**
5) Member's activities of daily living are limited by symptoms of neural compression.

B. Lumbar laminectomy for individuals with a herniated disc when *all* of the following criteria are met:

1) Rule out of all other reasonable sources of pain and/or neurological deficit; **and**
2) Signs or symptoms of neural compression (radiculopathy, neurogenic claudication, myelopathy) associated with the levels being treated; **and**
3) Imaging studies such as CT or MRI, indicate central/lateral recess or foraminal stenosis (graded as moderate, moderate to severe or severe; not mild or mild to moderate), or nerve root or spinal cord compression, at the level corresponding with the clinical findings; **and**
4) Failure of at least 6 weeks of conservative therapy (unless there is evidence of thoracic cord compression, or other indications for waiver of requirements for conservative management, noted below); **and**
5) Member's activities of daily living are limited by symptoms of neural compression.

C. Thoracic laminectomy for *any* of the following:

1) Spinal fracture, dislocation (associated with mechanical instability), locked facets, *or* displaced fracture fragment confirmed by imaging studies such as CT or MRI; ***or***
2) Infection of the spine as confirmed by imaging studies such as CT or MRI ***or***
3) Tumor of the spine as confirmed by imaging studies such as CT or MRI; ***or***
4) Epidural hematomas confirmed by imaging studies such as CT or MRI; ***or***
5) Synovial cysts, Tarlov cysts (also known as perineurial cysts and sacral meningeal cysts), or arachnoid cysts causing spinal cord or nerve root compression with uncontrolled pain, confirmed by imaging studies such as CT or MRI and with corresponding neurological deficit, where symptoms have failed to respond to six weeks of conservative therapy (unless there is evidence of cord compression, or other indications for waiver of requirements for conservative management, noted below) ***or***
6) Spinal stenosis (central, lateral recess or foraminal stenosis) graded as moderate, moderate to severe or severe (not mild or mild to moderate with uncontrolled pain, with stenosis confirmed by imaging studies such as CT or MRI at the level corresponding to neurological findings, where symptoms have failed to respond to six weeks conservative therapy (unless there is evidence of cord compression, or other indications for waiver of requirements for conservative management, noted below); ***or***
7) Open spinal dysraphism repair, or radiographically demonstrated closed spinal dysraphism (including tethered cord) with significant signs or symptoms of lumbosacral spinal dysfunction or in asymptomatic young children

who are not yet toilet trained or have not yet begun to walk. Surgery for asymptomatic closed spinal dysraphism in older individuals or clinical tethered cord syndrome without radiographic abnormalities will be considered upon individual case review; ***or***

8) Mass lesions as confirmed by imaging studies such as CT or MRI

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Covered Codes
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
22534	Arthrodesis, lateral extra cavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Gray Clarke MD
Senior Medical Director: David Yu MD
Medical Director: Ana Maria Rael MD
Date Approved: July 26, 2023

References

1. McCullen G, Vaccaro AR, Garfin SR. Thoracic and lumbar trauma: Rationale for selecting the appropriate fusion technnique. Orthop Clin North Am. 1998;29(4):813-828. [Cited 05-31-2023]
2. Osman NS, Cheung ZB, Hussain AK, et al. Outcomes and complications following laminectomy alone for thoracic myelopathy due to ossified ligamentum flavum: A systematic review and meta-analysis. Spine (Phila Pa 1976). 2018;43(14):E842-E848. [Cited 05-31-2023]
3. Tsuji H. Laminoplasty for patients with compressive myelopathy due to so-called spinal canal stenosis in cervical and thoracic regions. Spine. 1982;7(1):28-34. [Cited 05-31-2023]

Publication History

07-26-2023 Original effective date. Reviewed by PHP Medical Policy Committee on 05/31/2023. Coverage of thoracic spinal surgeries will be for ALOB. Codes directly related to thoracic surgeries have low utilization and will not require PA: 63003, 63016, 63055, 63077, 63078, 22532, 22556, 22610, 63046, 63085, +63086. Codes that cross over to other spinal regions will continue to require PA: 63057, +22534, +22585, +22614, and +63048.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: ***Click here for Medical Policies***

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.