

## Medical Policy



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### Title: Minimally Invasive Procedures for Spine Pain

#### Blue Shield

Original Effective Date: October 18, 2004  
Revision Date(s): April 21, 2005;  
September 7, 2005; December 14, 2005;  
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#### Blue Cross

Original Effective Date: July 1, 2005  
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#### DESCRIPTION

A variety of minimally invasive techniques have been investigated over the years as a treatment of back pain related to disc disease. Techniques can be broadly divided into those techniques that are designed:

- To remove or ablate disc material and thus decompress the disc (i.e., percutaneous lumbar discectomy (Stryker DeKompressor Percutaneous Discectomy Probe [Stryker] and the Nucleotome [Clarus Medical]), laser discectomy, and disc decompression using radiofrequency energy, referred to as a DISC nucleoplasty™), or
- To alter the biomechanics of the disc annulus (i.e., intradiscal electrothermal annuloplasty - the IDET procedure).

Percutaneous vertebroplasty (PV) and percutaneous kyphoplasty are interventional radiology procedures which involve the injection of bone cement into vertebral body compression fractures with the goal of relieving pain, improving mobility, and preventing further collapse of the bone.

The Spinous Process Spacer (X-STOP – Interspinous Process Decompression System) has received FDA approval. The device is developed to alleviate symptoms of lumbar spinal stenosis. It is surgically implanted in a minimally invasive procedure that is typically performed with local anesthesia in about an hour. It can also be readily removed. Extension of the spine provokes symptoms of back and leg pain in spinal stenosis by narrowing the spinal canal. X-STOP fits between the spinous processes to limit lumbar extension and thus spinal canal narrowing and nervous system compression.

#### POLICY

A. The following procedures are considered investigational for all uses and conditions:

1. Automated percutaneous lumbar discectomy APLD (e.g. Stryker Dekompressor™, Nucleotome™).
2. Coblation® Nucleoplasty, also known as decompression nucleoplasty.
3. Intradiscal electrothermal annuloplasty, also known as IDET™.
4. Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), also known as thermomodulation.
5. Percutaneous laser disc discectomy (PLDD), also known as laser assisted disc decompression (LADD).
6. Epiduroscopy, also known as epidural spinal endoscopy and epidural myeloscopy.
7. Percutaneous or endoscopic epidural lysis of adhesions including the RACZ procedure and epidural neurolysis.
8. Spinous Process Spacer, also known as X-STOP - Interspinous Process Decompression System.

There is insufficient scientific evidence in the peer-reviewed medical literature to support the clinical utility of these procedures. No studies have demonstrated that any of the percutaneous nucleoplasty procedures are superior to microsurgical discectomy, which continues to be regarded as the standard. The Spinous Process Spacer is still undergoing study to determine its safety and efficacy.

- B. Facet Denervation (percutaneous radiofrequency facet denervation, percutaneous radiofrequency facet ablation, facet rhizotomy, facet thermocoagulation) is considered medically necessary when all of the following criteria are met:
1. No prior spinal fusion surgery in the area being treated; and
  2. Pain is non-radicular (no radiation of pain into an upper or lower extremity); and
  3. Low back or neck pain suggestive of facet joint origin as evidenced by absence of nerve root compression as documented in the medical record on history and physical examination and radiographic evaluation; and
  4. Pain has failed to respond to three months of conservative management as documented in the medical record which may consist of therapies such as nonsteroidal anti-inflammatory medications, acetaminophen, manipulation, physical therapy and a home exercise program; and
  5. A diagnostic, temporary block with local anesthetic of the facet nerve (medial branch block) or injection under fluoroscopic guidance into the facet joint has resulted in at least a 50% reduction in pain; and
  6. A minimum time of six months has elapsed since prior denervation treatment (per side, per anatomical level of the spine).

- C. Percutaneous vertebroplasty or kyphoplasty is considered medically necessary after failure of standard medical therapy in patients when any of the following criteria is met. Medical conditions not listed and cervical percutaneous vertebroplasty and kyphoplasty will be denied experimental/investigational.
1. Osteolytic vertebral metastasis or myeloma with severe back pain related to destruction of the vertebral body not involving the major part of the cortical bone, and chemotherapy and radiation therapy have failed to relieve symptoms; or
  2. Vertebral hemangiomas with aggressive clinical signs (severe pain or nerve compression) and/or aggressive radiological signs, and radiation therapy has failed to relieve symptoms; or
  3. Osteoporotic vertebral collapse with persistent debilitating pain that has not responded to accepted standard medical therapy as documented in the medical records. Standard medical therapy may include initial bed rest with progressive activity, analgesics, physical therapy, bracing and exercises to correct postural deformity and increase muscle tone, salmon calcitonin, bisphosphonates and calcium supplementation; or
  4. Painful vertebral eosinophilic granuloma with spinal instability.

### **CODING**

#### CPT

22520	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic
22521	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar
22522	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical devices, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical devices, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical devices, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure)
22851	Application of intervertebral biomechanical device(s) (e.g. synthetic cages(s), threaded bone dowel (s), methylmethacrylate) to vertebral defect

	or interspace
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (considered investigational when specified as automated lumbar disc decompression, laser discectomy, coblation nucleoplasty)
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level
72291	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
72292	Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance

### DIAGNOSIS

**These diagnoses are otherwise subject to medical policy as stated above.**

Facet Denervation – CPT Codes – 64622, 64623, 64626, and 64627 (Note: CPT codes 64626 and 64627 will only apply to cervical)

721.0	Cervical spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
723.1	Cervicalgia
724.2	Lumbago

Percutaneous vertebroplasty or Kyphoplasty – CPT Codes – 22520, 22521, 22522, 22523, 22524, 22525, 76012, 76013, S2362, S2363

170.2	Malignant neoplasm of bone and articular cartilage, vertebral column, excluding sacrum and coccyx
198.5	Secondary malignant neoplasm, bone and bone marrow
203.00	Multiple myeloma without mention of remission
213.2	Benign neoplasm of vertebral column, excluding sacrum and coccyx
228.09	Hemangioma of other site
733.00	Osteoporosis, unspecified
733.01	Senile osteoporosis
733.02	Idiopathic osteoporosis
733.03	Disuse osteoporosis
733.13	Pathologic fracture of vertebrae

**REVISIONS**

April 21, 2005	Added "or kyphoplasty" to policy #C.
September 7, 2005	Added "Description" heading and a description.
December 14, 2005	In "Policy" section, #C., added 'and cervical percutaneous vertebroplasty and kyphoplasty' based on Radiology Liaison Committee recommendations from 02-12-2002.
	In "Coding" CPT/HCPCS section, added CPT codes 22523, 22524, and 22525, and added "or vertebral augmentation including cavity creation" to CPT code 76012 to reflect changes in CPT book.
	In "Coding" CPT/HCPCS section, deleted HCPCS codes S2360 and S2361 because 'cervical' is considered E/I by the Radiology Liaison Committee 02-12-2002.
February 21, 2006	In "Coding" title, added "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
	In "Coding", Covered Diagnosis section, added Facet Denervation – CPT Codes – 64622, 64623, 64626, and 64627 (Note: CPT codes 64626 and 64627 will only apply to cervical) and diagnosis codes 721.0, 721.3, 723.1, and 724.2.
	In "Coding", Covered Diagnosis section, added Percutaneous vertebroplasty or Kyphoplasty – CPT Codes – 22520, 22521, 22522, 22523, 22524, 22525, 76012, 76013, S2362, S2363 to the current listing of diagnosis codes.
May 9, 2006	In "Policy" A., added #7 "Epidural lysis of adhesions, also known as the RACZ procedure and epidural neurolysis." This policy was reviewed by the Anesthesiology Liaison Committee on 5-9-06 and considered experimental/investigational.
	In "Coding" deleted "Note: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
	In "Coding", CPT/HCPCS deleted 62263, 62264, 0027T, (Epidural lysis of adhesions) and 0062T, 0063T (Intradiscal annuloplasty) because the procedures are considered experimental/investigational.
July 27, 2006 with effective date of October 1, 2006	In "Description" section added "The Spinous Process Spacer (X-STOP – Interspinous Process Decompression System) has received FDA approval. The device is developed to alleviate symptoms of lumbar spinal stenosis. It is surgically implanted in a minimally invasive procedure that is typically performed with local anesthesia in about an hour. It can also be readily removed." per Medical Director. Extension of the spine provokes symptoms of back and leg pain in spinal stenosis by narrowing the spinal canal. X-STOP fits between the spinous processes to limit lumbar extension and thus spinal canal narrowing and nervous system compression.

	In "Policy" section A. added "8." – "Spinous Process Spacer, also known as X-STOP - Interspinous Process Decompression System" and added "The Spinous Process Spacer is still undergoing study to determine its safety and efficacy."
	In "Coding", CPT/HCPCS added CPT code 22851 for X-STOP. Deleted S2362 and S2363, the codes were deleted from HCPCS 4-1-06.
	In "Reference" section added "Zucherman, A prospective randomized multi-center study for the treatment of lumbar spinal stenosis with the X STOP interspinous implant", and "Zucherman, A multicenter, prospective, randomized trial evaluating X STOP interspinous process decompression system for the treatment of neurogenic intermittent claudication: two-year follow-up results".
	In "Reference" Government Agency; Medical Society; and Other Authoritative Publications section added "FDA Summary of Safety and Effectiveness for the X STOP® Interspinous Process Decompression System" and "MCMC, Medical Care Ombudsman Program (MCOP), July 21, 2006, MCOP ID 1070-7253".
	In "Reference" Web site section, added " <a href="http://www.spine-dr.com/site/surgery/surgery_x_stop_BISS.html">http://www.spine-dr.com/site/surgery/surgery_x_stop_BISS.html</a> and <a href="http://www.nice.org.uk/page.aspx?o=IPG165guidance">http://www.nice.org.uk/page.aspx?o=IPG165guidance</a>
September 14, 2006 with effective date of November 1, 2006	In "Policy" section A, #7 deleted "Epidural lysis of adhesions, also known as the RACZ procedure and epidural neurolysis" and added "Percutaneous or endoscopic epidural lysis of adhesions including the RACZ procedure and epidural neurolysis" as recommended on 05-09-06.
	In "Reference" Government Agency; Medical Society; and Other Authoritative Publications section, added new #8 and #9
October 31, 2006 with effective date of January 1, 2007	In "Coding", CPT/HCPCS deleted CPT codes 76012 and 76013 and added CPT codes 72291 and 72292 due to the 2007 CPT changes.

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