

Medical Policy



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Title: Minimally Invasive Procedures for Spine Pain

See also: Percutaneous Vertebroplasty, Kyphoplasty and Sacroplasty policy

Professional

Original Effective Date: October 18, 2004
Revision Date(s): September 7, 2005;
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Institutional

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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 DeKompessor 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).

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. 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).
- B. The following procedures are considered **experimental / 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 annuloplasty (any method except electrothermal).
 5. Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), also known as thermomodulation.
 6. Percutaneous laser disc discectomy (PLDD), also known as laser assisted disc decompression (LADD).
 7. Epiduroscopy, also known as epidural spinal endoscopy and epidural myeloscopy.
 8. Percutaneous or endoscopic epidural lysis of adhesions including the RACZ procedure and epidural neurolysis.
 9. 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.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPTHCPSCS

- 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- 22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
- 62263 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
- 62264 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
- 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
- 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 (List separately in addition to code for primary procedure)
- 0062T Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level
- 0063T Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to 0062T for primary procedure)
- 0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level
- 0172T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)

DIAGNOSIS

Facet Denervation – CPT Codes – 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

REVISIONS

09-14-2006 effective 11-01-2006	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
11-18-2009	In Policy section: <ul style="list-style-type: none"> ▪ Removed information pertaining to Percutaneous Vertebroplasty, Kyphoplasty, and Sacroplasty and created a stand-alone policy of the same name. ▪ Added the following experimental / investigational indication to B.: "Percutaneous intradiscal annuloplasty (any method except electrothermal)."
	In Coding section: <ul style="list-style-type: none"> ▪ Added CPT codes: 0062T, 0063T, 0171T, 0172T.

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