

Spinal Decompression Surgery



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

Injections for Chronic Pain Conditions

Interspinous Process Decompression Spacers

Neuroablative Techniques for Chronic Pain

Percutaneous Vertebroplasty, Kyphoplasty (Balloon-Assisted Vertebroplasty), Sacroplasty

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative	Applicable States/Territories
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			Contractors (MACs)	
NCD	Percutaneous Image-guided Lumbar Decompression for Lumbar Spinal Stenosis	150.153		

Description

Spinal decompression surgery is a general term encompassing various procedures intended to relieve symptoms caused by pressure or compression on the spinal cord and/or spinal nerve roots. Depending on the location and cause of the compression, this may be accomplished by performing a discectomy, corpectomy, facetectomy, foraminectomy, foraminotomy, laminectomy, laminotomy, spinal fusion or a combination of these procedures.

Discectomy (diskectomy) is the most common surgical treatment for ruptured or herniated discs, particularly of the lumbar spine, though it may also be used on the cervical or thoracic spine. During a discectomy, the surgeon removes the section of the disc that is protruding from the disc wall and any other disc fragments that may be pressing on a nerve root or the spinal cord. A discectomy may be open (via a relatively large surgical incision through the skin, muscle and other structures) or it may be performed microscopically (known as a **microdiscectomy**). Both procedures allow for direct visualization of the vertebra, disc and other surrounding structures. The microdiscectomy utilizes a special microscope or magnifying instrument to view the disc and nerves, which makes it possible to remove the disc material through a smaller incision. This smaller incision reduces the risk of damage to the surrounding tissues, which decreases the potential complications.

Minimally invasive approaches for discectomy may also be offered as a treatment option by some surgeons. They may utilize either an endoscopic or laparoscopic approach for the procedure, which still allows direct visualization of the surgical field and anatomy. These procedures may also be referred to as **arthroscopic microdiscectomy**. Examples of these procedures or the devices that may be used include, but may not be limited to, the **CESSYS (dorsal and ventral)**, **iLESSY**, **iLESSY Delta**, **iLESSYS Pro**, **METRx system (X-tube)**, **microendoscopic discectomy (MED)**, **posterolateral endoscopic lumbar discectomy (PELD)**, **TESSYS**, **TESSYS Thx**, **tubular microdiscectomy** or **Yeung Endoscopic Spinal System (YESS)**.

A **corpectomy** is a procedure to remove the body of a vertebra, as well as the disc. This is most commonly performed in the cervical spine and usually in conjunction with a fusion.

Foraminectomy and **foraminotomy** are performed to expand the openings (foramen) for the nerve roots to exit the spinal cord by removing some bone and other tissue. The term foraminectomy is used to refer to a procedure that removes a large amount of bone and tissue, and foraminotomy when a smaller amount is removed. A foraminectomy or foraminotomy is often performed on an individual who has arthritis, a lateral disc herniation or spinal stenosis.

Microsurgical anterior foraminotomy is a procedure used for the treatment of cervical radiculopathy caused by a narrowing of the foramen. Microsurgical instruments are used through a small incision, which is proposed to decrease damage to surrounding tissue and/or the lamina or facets.

Laminectomy and **laminotomy** involves removal of a small part of the bony arches of the spinal canal, called the lamina, which increases the size of the spinal canal. A laminectomy or laminotomy is most commonly performed for a diagnosis of spinal stenosis. During a laminectomy, the entire lamina is removed while only a portion of the lamina is removed in a laminotomy. These procedures are also often done with either a discectomy or a foraminectomy/foraminotomy.

Minimally invasive approaches for laminectomy, laminotomy, foraminectomy or foraminotomy have also been proposed as a newer treatment option by some surgeons. They may utilize either an endoscopic or laparoscopic approach for the procedure, which allows direct visualization of the surgical field.

During **laminoplasty** the laminae are split and then held apart by bone struts, sutures or other techniques to enlarge the spinal canal diameter. This procedure is usually performed on the cervical spine and may be used in an effort to lessen the chance of deformity that can develop when a facetectomy or laminectomy is performed alone.

A number of **alternative approaches to discectomy** have also been proposed; they include, but may not be limited to, the following:

Automated percutaneous lumbar discectomy (APLD), or automated percutaneous mechanical lumbar discectomy, performed under local anesthesia and fluoroscopic guidance, involves insertion of a cannula into the affected disc; an automated cutting and aspiration device is then placed through the cannula and the disc material is removed. APLD does not allow direct visualization of the disc or surrounding tissues. An example of a device used for this type of procedure includes, but may not be limited to, the **Stryker Dekompressor Lumbar Discectomy System**.

The **Disc-FX System** is proposed as a minimally invasive alternative to discectomy, combining endoscopic disc decompression, nucleus ablation (utilizing radiofrequency energy) and annulus modulation (sealing tears in the annulus). The procedure is performed under local anesthesia on discs in the cervical, thoracic or lumbar spine.

Laser discectomy may also be referred to as **laser-assisted discectomy, laser disc decompression** or **laser-assisted disc decompression (LADD)**. Though this procedure is called a discectomy, it does not actually remove the disc, but utilizes a laser to vaporize a small portion of the nucleus pulposus in order to purportedly decompress a herniated disc. Laser discectomy may be performed either laparoscopically or percutaneously.

Laparoscopic laser discectomy is done through a laparoscope, which allows visualization of the disc, disc space and other structures. The annulus of the disc is opened and is then excised with a laser device which is inserted through the laparoscope.

Percutaneous laser discectomy (also referred to as **percutaneous laser disc decompression [PLDD]**) is performed under a local anesthetic. Under fluoroscopic guidance, a needle is inserted through the skin into

the disc. A flexible quartz fiber is then threaded through the needle and into the disc, which delivers the laser energy.

Percutaneous procedures have also been proposed as an alternative surgical approach for laminectomy, laminotomy, foraminectomy or foraminotomy. The percutaneous procedures are generally performed in an outpatient setting with the individual awake but sedated. *Percutaneous image-guided spinal procedures do not allow direct visualization of the surgical field*. An example of percutaneous image-guided decompression procedures for lumbar spinal stenosis is the **MILD** procedure which utilizes trocars to access the area of stenosis (resection of the ligamentum flavum).

An **annular (annulus) repair/closure** may be performed following a spinal decompression (discectomy) surgery. It has been proposed that annular closure may reduce the risk of disc reherniation and the future need for a fusion. An example of a device used in an annular repair includes, but may not be limited to, the **Barricaid Anular Closure Device**. An additional technique for annular repair, the **Discseel procedure**, has also been developed. This technique identifies the annular defect (tear) via an annulogram; fibrin is then injected into the tear(s), which theoretically seals the damaged disc and then purportedly promotes tissue growth and healing. This may also be referred to as **Discseel Regenerative Spine Procedure**.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

[Spinal Decompression Surgery](#)

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	
22899	Unlisted procedure, spine	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	

63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	

63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	

63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	
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)	
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	

63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	

63185	Laminectomy with rhizotomy; 1 or 2 segments	
63190	Laminectomy with rhizotomy; more than 2 segments	
63191	Laminectomy with section of spinal accessory nerve	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	
63200	Laminectomy, with release of tethered spinal cord, lumbar	
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	

63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	

63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	
64999	Unlisted procedure, nervous system	
CPT® Category III Code(s)	Description	Comments
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	
HCPCS Code(s)	Description	Comments
C2614	Probe, percutaneous lumbar discectomy	
C9757	Laminotomy (hemilaminectomy), with decompression of 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	
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial	
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, single interspace	Not Covered
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	Not Covered

References

1. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Percutaneous image-guided lumbar decompression for lumbar spinal stenosis (150.13). <https://www.cms.gov>. Published December 7, 2016. Accessed November 1, 2023.

Change Summary

- 01/01/2024 New Policy.