



CLINICAL GUIDELINES

CMM-613: Thoracic Decompression/Discectomy Guidelines

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-613: Thoracic Decompression/Discectomy**CMM-613.1: General Guidelines****CMM-613.2: Initial Thoracic Decompression/Discectomy****CMM-613.3: Repeat Thoracic Decompression/Discectomy at the Same Level****CMM-613.4: Non-Indications****CMM-613.5: Procedure (CPT®) Codes****CMM-613.6: References**

CMM-613.1: General Guidelines

- The determination of medical necessity for the performance of thoracic decompression/discectomy is always made on a case-by-case basis.
- For prior authorization requirements, see **CMM-600.1: Prior Authorization Requirements**.
- The presence of urgent/emergent indications/conditions warrants definitive surgical treatment. Confirmatory advanced imaging studies are required. The following criteria are **NOT** required for confirmed urgent/emergent conditions:
 - ◆ Provider-directed non-surgical management
 - ◆ Absence of unmanaged significant behavioral health disorders
- Urgent/emergent conditions for thoracic decompression/discectomy include **ANY** of the following:
 - ◆ Acute/unstable spinal fractures or dislocations with neural compression
 - ◆ Myelopathy or Cord signal changes on MRI due to cord compression
 - ◆ Documentation of progressive neurological deficit on two separate physical examinations
 - ◆ **ANY** of the following due to a neurocompressive pathology:
 - Motor weakness of grade 3/5 or less of specified muscle(s)
 - Rapidly progressive findings of motor loss
 - Bowel incontinence
 - Bladder incontinence/retention
 - ◆ Epidural hematoma
 - ◆ Infection (e.g. discitis, epidural abscess, osteomyelitis)
 - ◆ Documentation of severe debilitating pain and/or dysfunction to the point of being incapacitated
 - ◆ Primary or metastatic neoplastic disease causing pathologic fracture, cord compression or instability

CMM-613.2: Initial Thoracic Decompression/Discectomy

Initial primary thoracic decompression/discectomy is considered **medically necessary** when **ALL** of the following are met

- All other sources of pain have been excluded (e.g. post-herpetic neuralgia, post-thoracotomy pain syndrome, etc.)
- Absence of unmanaged significant behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, drug and alcohol abuse)
- Performed for **EITHER** of the following conditions:
 - ◆ **Radiculopathy** when **ALL** of the following are met:
 - Subjective symptoms including **BOTH** of the following:
 - Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - Unrelenting radicular pain into the chest wall or upper abdominal wall resulting in disability
 - Objective physical examination findings including **ANY** of the following:
 - Dermatomal sensory deficit
 - Unrelenting radicular pain into the chest wall or upper abdominal wall without concordant objective physical examination findings
 - Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - Epidural steroid injection(s)/selective nerve root block(s)
 - Recent (within 6 months) MRI/CT identifies nerve root impingement caused by herniated disc(s)/stenosis and/or osteophytes that is concordant with the patient's symptoms and physical examination findings
 - ◆ **Myelopathy** when **ALL** of the following are met:
 - Subjective symptoms including **ANY** of the following:
 - Lower extremity weakness, numbness, or pain
 - Gait disturbance
 - New-onset bowel or bladder dysfunction due to a neurocompressive pathology
 - Frequent falls
 - Objective physical examination findings including **ANY** of the following:
 - Ataxic gait
 - Lower extremity hyperreflexia
 - Tandem walking test demonstrating ataxia
 - Increased muscle tone or spasticity
 - Clonus
 - Pathologic Babinski

- Recent (within 6 months) MRI/CT findings that are concordant with the patient's symptoms and physical examination findings including **EITHER** of the following:
 - MRI/CT demonstrates spinal cord compression
 - MRI/CT identifies spinal stenosis

CMM-613.3: Repeat Thoracic Decompression/Discectomy at the Same Level

Repeat decompression at the same level is considered **medically necessary** when **ALL** of the following are met:

- Recent (within 6 months) post-operative MRI /CT confirms evidence of neural structure compression (e.g. either retained disc material or a recurrent disc herniation)
- Greater than 12 weeks since the initial primary decompression/microdiscectomy
- Initial relief of symptoms following previous disc/decompression procedure at the same level
- All other sources of pain have been excluded (e.g. post-herpetic neuralgia, post thoracotomy pain syndrome, etc.)
- Absence of unmanaged significant behavioral health disorders (e.g. major depressive disorder, chronic pain syndrome, secondary gain, drug and alcohol abuse)
- Performed for **EITHER** of the following conditions:
 - ◆ **Radiculopathy** when **ALL** of the following are met:
 - Subjective symptoms including **BOTH** of the following:
 - Significant level of pain on a daily basis defined as **EITHER** of the following:
 - Visual Analog Scale (VAS)/Numeric Rating Scale (NRS) as ≥ 7
 - Severe, disabling, crippling, or incapacitating pain
 - Unrelenting radicular pain into the chest wall or upper abdominal wall resulting in disability
 - Objective physical examination findings including **ANY** of the following:
 - Dermatomal sensory deficit
 - Unrelenting radicular pain into the chest wall or upper abdominal wall without concordant objective physical examination findings
 - Less than clinically meaningful improvement with at least **TWO** of the following unless contraindicated:
 - Prescription strength analgesics, steroids, and/or NSAIDs for 6 weeks
 - Provider-directed exercise program prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician for 6 weeks
 - Epidural steroid injection(s)/selective nerve root block(s)

- ◆ Myelopathy when **ALL** of the following are met:
 - Subjective symptoms including **ANY** of the following:
 - Lower extremity weakness, numbness, or pain
 - Gait disturbance
 - New-onset bowel or bladder dysfunction due to a neurocompressive pathology
 - Frequent falls
 - Objective physical examination findings including **ANY** of the following:
 - Ataxic gait
 - Lower extremity hyperreflexia
 - Tandem walking test demonstrating ataxia
 - Increased muscle tone or spasticity
 - Clonus
 - Pathologic Babinski

CMM-613.4: Non-Indications

Not Medically Necessary

- Thoracic decompression/discectomy for **ANY** of the following sole indications is considered **not medically necessary**:
 - ◆ Signs and symptoms with no correlation to advanced imaging studies
 - ◆ Annular tears
 - ◆ Disc bulge with no neural impingement or cord compression on advanced diagnostic imaging
 - ◆ Concordant discography
 - ◆ MR Spectroscopy results
 - ◆ Degenerative disc disease

Experimental, Investigational, and/or Unproven (EIU)

- **ANY** of the following procedures are considered **experimental, investigational, and/or or unproven (EIU)**:
 - ◆ Percutaneous thoracic discectomy
 - ◆ Percutaneous laser discectomy
 - ◆ Laser-assisted disc decompression
 - ◆ Percutaneous laser disc decompression
 - ◆ Percutaneous nucleotomy
 - ◆ Vertos Medical mild® Surgical Procedure
 - ◆ Minimally invasive thoracic discectomy for the treatment of axial spinal pain

CMM-613.5: Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
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
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 segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)
63055	Transpedicular approach with decompression of spinal cord, equina and /or nerve root(s) (e.g., herniated intervertebral disc), single segment; thoracic
+ 63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve(s) (e.g., herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (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)
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic

This list may not be all-inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

CMM-613.6: References

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