Cigna Medical Coverage Policies – Musculoskeletal Thoracic Decompression and Discectomy

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Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CMM-613: Thoracic Decompression/Discectomy

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CMM-613.1: General Guidelines

Application of Guideline

- The determination of medical necessity for the performance of thoracic decompression/discectomy is always made on a case-by-case basis.
- For additional timing and documentation requirements, see **CMM-600.1: Prior Authorization Requirements**.

Urgent/Emergent Indications/Conditions

- The presence of urgent/emergent indications/conditions warrants definitive surgical treatment. **Imaging findings noted in the applicable procedure section(s) are required**.
  - The following criteria are **NOT** required for confirmed urgent/emergent conditions:
    - Provider-directed non-surgical management
    - Absence of unmanaged significant mental and/or behavioral health disorders (e.g., major depressive disorder, chronic pain syndrome, secondary gain, opioid and alcohol use disorders)
    - Timeframe for repeat procedure
- Urgent/emergent conditions for thoracic decompression/discectomy include **ANY** of the following:
  - Acute/unstable traumatic 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 exams
  - **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)
  - Primary or metastatic neoplastic disease causing pathologic fracture, cord compression or instability
  - A condition otherwise meeting criteria listed in the applicable procedure section(s) with documentation of severe debilitating pain and/or dysfunction to the point of being incapacitated

CMM-613.2: Initial Thoracic Decompression/Discectomy

Initial primary thoracic decompression/discectomy is considered **medically necessary** when performed for **EITHER** of the following conditions when **ALL** of the associated criteria have been met:

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Radiculopathy

- Subjective symptoms include **BOTH** of the following:
  - Significant level of pain on a daily basis defined as clinically significant functional impairment (e.g., inability to perform household chores, prolonged standing, etc.)
  - Unremitting radicular pain into the chest wall or upper abdominal wall resulting in disability
- Objective physical exam findings include **ANY** of the following:
  - Dermatomal sensory deficit
  - Unremitting radicular pain into the chest wall or upper abdominal wall without concordant objective physical exam findings
- Less than clinically meaningful improvement with at least **TWO** of the following (unless contraindicated):
  - Prescription strength analgesics, steroids, gabapentinoids, and/or NSAIDs for six (6) weeks
  - Provider-directed exercise program (prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician) for six (6) weeks
  - Epidural steroid injection(s) or selective nerve root block(s) performed at the same level(s) as the requested surgery
- MRI/CT shows neural structure compression at the requested level(s) that is concordant with the individual's symptoms **and** physical exam findings and is caused by **ANY** of the following:
  - Herniated disc(s) (retained disc material or a recurrent disc herniation)
  - Synovial cyst or arachnoid cyst
  - Central/lateral/foraminal stenosis
  - Osteophytes
- Absence of unmanaged significant mental and/or behavioral health disorders (e.g., major depressive disorder, chronic pain syndrome, secondary gain, drug and alcohol abuse)

Myelopathy

- Subjective symptoms include **ANY** of the following:
  - Lower extremity weakness, numbness, or pain
  - Gait disturbance
  - New-onset bowel or bladder dysfunction
  - Frequent falls
- Objective physical exam findings include **ANY** of the following:
  - Ataxic gait
  - Tandem walking test demonstrating ataxia
  - Lower extremity hyperreflexia
  - Increased muscle tone or spasticity
  - Clonus
  - Babinski sign

- MRI/CT shows findings that are concordant with the individual's symptoms and physical exam and that are caused by **EITHER** of the following:
  - Thoracic/thoracolumbar spinal cord compression
  - Thoracic/thoracolumbar spinal stenosis

CMM-613.3: Thoracic Corpectomy

Thoracic corpectomy is considered **medically necessary** and can be performed **as an alternative** for thoracic discectomy when **ALL** of the following criteria have been met:

- Complete corpectomy or partial corpectomy (i.e., removal of **at least one-third of the vertebral body** [not for resection of osteophytes alone]) is being performed for **ANY** of the following:
  - Infection
  - Trauma
  - Tumor
  - Compression at or behind the level of the vertebral body
- Thoracic corpectomy must be performed with a thoracic fusion due to the iatrogenic instability of the thoracic corpectomy procedure.
- **ALL** of the criteria for thoracic decompression have been met per the applicable procedure-specific section below:
  - **CMM-613.2: Initial Thoracic Decompression/Discectomy**
  - **CMM-613.4: Repeat Thoracic Decompression/Discectomy at the Same Level**

CMM-613.4: Repeat Thoracic Decompression/Discectomy at the Same Level

Repeat thoracic decompression/discectomy at the same level is considered **medically necessary** when performed for **EITHER** of the following conditions when **ALL** of the associated criteria have been met:

Radiculopathy

- Greater than 12 weeks since the prior thoracic decompression/discectomy
- Subjective symptoms include **BOTH** of the following:
  - Significant level of pain on a daily basis defined as clinically significant functional impairment (e.g., inability to perform household chores, prolonged standing, etc.)
  - Unremitting radicular pain into the chest wall or upper abdominal wall resulting in disability
- Objective physical exam findings include **ANY** of the following:
  - Dermatomal sensory deficit
  - Unremitting radicular pain into the chest wall or upper abdominal wall without concordant objective physical exam findings
- Less than clinically meaningful improvement with at least **TWO** of the following (unless contraindicated):

- Prescription strength analgesics, steroids, gabapentinoids, and/or NSAIDs for six (6) weeks
- Provider-directed exercise program (prescribed by a physical therapist, chiropractic provider, osteopathic or allopathic physician) for six (6) weeks
- Epidural steroid injection(s) or selective nerve root block(s) performed at the same level(s) as the requested surgery

➢ Post-operative MRI /CT shows neural structure compression at the requested level(s) that is concordant with the individual's symptoms **and** physical exam findings and that is caused by **ANY** of the following:
- Herniated disc(s) (retained disc material or a recurrent disc herniation)
- Synovial cyst or arachnoid cyst
- Central/lateral/foraminal stenosis
- Osteophytes

➢ Absence of unmanaged significant mental and/or behavioral health disorders (e.g., major depressive disorder, chronic pain syndrome, secondary gain, drug and alcohol abuse)

Myelopathy

➢ Subjective symptoms include **ANY** of the following:
- Lower extremity weakness, numbness, or pain
- Gait disturbance
- New-onset bowel or bladder dysfunction
- Frequent falls

➢ Objective physical exam findings include **ANY** of the following:
- Ataxic gait
- Lower extremity hyperreflexia
- Tandem walking test demonstrating ataxia
- Increased muscle tone or spasticity
- Clonus
- Babinski sign

➢ Post-operative MRI /CT shows findings that are concordant with the individual's symptoms **and** physical exam findings and that are caused by **EITHER** of the following:
- Thoracic/thoracolumbar spinal cord compression
- Thoracic/thoracolumbar spinal stenosis

CMM-613.5: Non-Indications

Not Medically Necessary

- **Thoracic decompression/discectomy/corpectomy** performed without meeting the criteria in the **General Guidelines** (when applicable for urgent/emergent conditions) **and** the criteria in the applicable procedure-specific section(s) (initial decompression, corpectomy, or repeat decompression) is considered **not medically necessary**.
- **Thoracic decompression/discectomy/corpectomy** performed for **ANY** of the following sole indications is considered **not medically necessary**:
  - Annular tears
  - Concordant discography
  - MR Spectroscopy results
  - Degenerative disc disease
- The performance of thoracic decompression or discectomy with laser technique is considered **not medically necessary**.

Experimental, Investigational, or Unproven (EIU)

- **ANY** of the following procedures are considered **experimental, investigational, or unproven (EIU)**:
  - Percutaneous thoracic discectomy (i.e., thoracic discectomy performed with indirect visualization
  - Percutaneous thoracic decompression (i.e., thoracic decompression performed with indirect visualization)
  - Endoscopic thoracic decompression or discectomy

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Codes (CMM-613)

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (e.g., 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 (e.g., 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], [e.g., 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], [e.g., 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)
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)

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Code	Code Description/Definition
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equine 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 equine 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 equine 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 equine 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) (e.g., For tumor or retropulsed bone fragments); thoracic, single segment
+63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (e.g., For tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
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 (e.g., fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic

Evidence Discussion (CMM-613)

Thoracic Decompression/Discectomy

Risks of thoracic spine decompression/disc surgery include, but are not limited to, the following: infection; neurovascular injury; persistent or incomplete relief of symptoms; possible need for more surgery; dural tear; pulmonary complications; neurologic injury; and, death. Complication rates range from 20-42% with variations depending upon the surgical approach. Given the potential possibility for significant complications, proper surgical candidacy selection is critical to minimize the risk benefit ratio. Symptoms, physical exam findings, and imaging findings should support thoracic decompression/discectomy surgery. Subjective symptoms and examination findings need to be concordant with imaging as asymptomatic herniations on imaging are estimated to be 11-37%.

The majority of individuals with thoracic disc herniations do not require surgery. Symptomatic thoracic disc herniation represents only 0.1-3% of all herniations and the majority of symptomatic herniations can be successfully treated with conservative care. Therefore, an initial course of non-operative care is warranted. However, the presence of an urgent/emergent condition (e.g., rapidly progressive findings of motor loss, infection, epidural hematoma) would obviate the need for conservative treatment.

In those individuals who fail conservative management or those with neurological concern, success rates for thoracic disc procedures range from 53-100% depending upon the underlying pathology and surgical approach.

Jackson et al. (2020) noted higher rates of postoperative complications and worse functional outcomes in individuals with psychological disorders undergoing spinal surgery. It was concluded that proper identification and treatment of these conditions prior to surgery may significantly improve many outcome measures in this population.

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