



MASSACHUSETTS

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Medical Policy

Automated Percutaneous Discectomy and Endoscopic Discectomy

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Policy Number: 231

BCBSA Reference Number: 7.01.18

Related Policies

- Laser Discectomy and Radiofrequency Decompression, # [271](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Automated percutaneous discectomy as a technique of intervertebral disc decompression in patients with back pain and/or radiculopathy related to disc herniation in the lumbar, thoracic, or cervical spine, is **INVESTIGATIONAL**.

Endoscopic discectomy is **INVESTIGATIONAL** as a technique of intervertebral disc decompression in patients with back pain and/or radiculopathy related to disc herniation in the lumbar, thoracic, or cervical spine.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

This is **NOT** a covered service.

Medicare Members: PPO BlueSM

This is **NOT** a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code 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 as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
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 the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Back pain related to herniated discs is an extremely common condition and a frequent cause of chronic disability. Although many cases of acute low back pain will resolve with conservative care, surgical decompression is often considered when the pain is unimproved after several months and is clearly neuropathic in origin, resulting from irritation of the nerve roots. Open surgical treatment typically consists of some sort of discectomy, in which the extruding disc material is excised. Minimally invasive options have also been researched, in which some portion of the disc material is removed or ablated.

Percutaneous lumbar discectomy (PLD) is a technique by which disc decompression is accomplished by the physical removal of disc material rather than its ablation. Originally, PLD was performed manually. This technique has been replaced with automated devices that involve placement of a probe within the intervertebral disc and aspiration of disc material using a suction cutting device.

Percutaneous endoscopic discectomy is a relatively new technique for removing lumbar disc herniation. It involves using an endoscope to visualize the disc removal and the placement of a percutaneous working channel (scope) under image guidance, followed by visualization of the working space and instruments through an endoscope. The camera and X-ray machine allow the surgeon to directly see the disc herniation and remove it. The surgery is done in an operating room, but the patient is awake during the procedure. Sedatives are given as needed to help the patient relax. The patient goes home the same day.

Examples of devices used to perform automated percutaneous lumbar discectomy are the Stryker DeKompressor Percutaneous Discectomy Probe from Stryker and the Nucleotome from Clarus Medical. All devices for automated percutaneous lumbar discectomy are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

There is insufficient evidence obtained from well-designed and executed randomized controlled trials to evaluate the impact of automated percutaneous discectomy on net health outcome. In addition, evidence from small randomized controlled trials does not support the use of these procedures; therefore, automated percutaneous discectomy is considered investigational.

Evidence for endoscopic discectomy consists of a number of randomized controlled trials. The majority of these trials were conducted at a single center in Germany, and the comparison groups were not the same. While the trials from Germany report outcomes that are at least as good as traditional approaches using either a laparoscopic transforaminal or interlaminar approach to the lumbar spine, a large randomized controlled trial from Italy reports a trend toward increased complications and reherniations with an interlaminar approach. There are few reports from the United States. At this time, evidence is

considered insufficient to evaluate health outcomes from endoscopic discectomy in U.S. centers. Therefore, it is considered investigational.

Policy History

Date	Action
7/2014	New references added from BCBSA National medical policy.
10/2013	BCBSA National medical policy review. Policy statement clarified to read: back pain and/or radiculopathy.
2/2013	BCBSA National medical policy review. Changes to policy statement. Effective 2/2013
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2011	Medical Policy Group – Neurology and Neurosurgery. No changes to policy statements.
9/1/10	Medical Policy 231, effective 9/1/10, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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