Status
Active

Medical and Behavioral Health Policy
Section: Surgery
Policy Number: IV-96
Effective Date: 05/28/2014

PERCUTANEOUS AND ENDOSCOPIC TECHNIQUES FOR DISC DECOMPRESSION

Description:

A variety of minimally invasive techniques have been investigated over the years as a treatment of low back pain related to disc disease. Techniques can be broadly divided into techniques that are designed to remove or ablate disc material and thereby decompress the disc (i.e., percutaneous lumbar discectomy, laser discectomy, and disc decompression using radiofrequency energy, referred to as a DISC nucleoplasty™) or those that are designed to alter the biomechanics of the disc annulus (i.e., intradiscal electrothermal annuloplasty [IDET] or percutaneous intradiscal radiofrequency thermocoagulation [PIRT]). This medical policy addresses percutaneous and endoscopic discectomy, laser discectomy, and nucleoplasty.

NOTE: IDET and PIRT are addressed in a separate policy (Intradiscal Electrothermal Annuloplasty, Percutaneous Radiofrequency Annuloplasty, and Intradiscal Biacuplasty, IV-10).

Percutaneous lumbar discectomy (PLD) is proposed as a minimally invasive procedure in which disc decompression is accomplished by the physical removal of disc material. Originally, PLD was performed manually, using cutting forceps to remove nuclear material from within the disc annulus. 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. The Stryker DeKompressor Percutaneous Discectomy Probe (Stryker) and the Nucleotome (Clarus Medical) are examples of percutaneous discectomy devices. Endoscopic techniques may be intradiscal or may involve extraction of non-contained and sequestered disc fragments from inside the spinal canal using an interlaminar or transforaminal approach. Following

insertion of the endoscope, the decompression is performed under visual control.

A variety of different lasers have been investigated for laser discectomy, including YAG, KTP, holmium, argon, and carbon dioxide lasers. Regardless of the type of laser, the procedure involves placement of the laser within the nucleus under fluoroscopic guidance, followed by laser activation. Due to differences in absorption, the energy requirements application rates differ among the lasers. In addition, it is unknown how much disc material must be removed to achieve decompression. Protocols vary according to the length of treatment, but typically the laser is activated for brief periods only.

The Disc nucleoplasty™ procedure uses bipolar radiofrequency energy in a process referred to as coblation technology. The technique consists of small, multiple electrodes that emit a fraction of the energy required by traditional radiofrequency energy systems. The result is that a portion of nucleus tissue is ablated not with heat, but with a low-temperature plasma field of ionized particles. These particles have sufficient energy to break organic molecular bonds within tissue, creating small channels in the disc. The proposed advantage of this coblation technology is that the procedure provides for a controlled and highly localized ablation, resulting in minimal therapy damage to surrounding tissue.

Policy: **Percutaneous and endoscopic** techniques for decompression of the cervical, thoracic, or lumbar discs are considered **INVESTIGATIVE** including, but not limited to:

- Percutaneous discectomy
- Endoscopic discectomy
- Laser discectomy
- Nucleoplasty (i.e., DISC nucleoplasty™)

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

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

HCPCS:

S2348 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

ICD-9 Procedure:

80.59 Other destruction of intervertebral disc

ICD-10 Procedure:

0R533ZZ Destruction of Cervical Vertebral Disc, Percutaneous Approach

0R534ZZ Destruction of Cervical Vertebral Disc, Percutaneous Endoscopic Approach

0R553ZZ Destruction of Cervicothoracic Vertebral Disc, Percutaneous Approach

0R554ZZ Destruction of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach

0R593ZZ Destruction of Thoracic Vertebral Disc, Percutaneous Approach

0R594ZZ Destruction of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach

0R5B3ZZ Destruction of Thoracolumbar Vertebral Disc, Percutaneous Approach

0R5B4ZZ Destruction of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach

	0S523ZZ Destruction of Lumbar Vertebral Disc, Percutaneous Approach 0S524ZZ Destruction of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach 0S543ZZ Destruction of Lumbosacral Disc, Percutaneous Approach 0S544ZZ Destruction of Lumbosacral Disc, Percutaneous Approach
Policy History:	**Developed April 8, 2009** **Most recent history:** Reviewed April 13, 2011 Revised April 11, 2012 Reviewed April 10, 2013 Reviewed May 14, 2014
Cross Reference:	Intradiscal Electrothermal Annuloplasty (IDET), Percutaneous Radiofrequency Annuloplasty (PIRFT) and Intradiscal Biacuplasty, IV-10