

Spinal Decompression Surgery



Medicaid Medical Coverage Policy

Original Effective Date: 07/22/2026

Effective Date: 07/22/2026

Review Date: 04/07/2026

Policy Number: HUM-VA-2660-000

Line of Business: Medicaid

State(s): VA

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Description

Spinal Decompression Surgery

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, facetectomy, foraminectomy, foraminotomy, laminectomy, laminotomy, spinal fusion or a combination of these procedures.

Discectomy (discectomy) is the most common surgical treatment for ruptured or herniated discs, particularly of the lumbar spine, though it may also be used at the cervical or thoracic levels. 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**, **TESSYS TransSAP**, **tubular microdiscectomy** or **Yeung Endoscopic Spinal System (YESS)**.

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; 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 foraminectomy, foraminotomy, laminectomy or laminotomy 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.

Alternative Approaches to Discectomy

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 System**.

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.

Annular (annulus) repair/closure may be performed in conjunction with 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**.

Coverage Determination

Discectomy (63055, 63064, 63066, 63077, 63078)

Humana members may be eligible under the Plan for **discectomy** (including **microdiscectomy** or [minimally invasive approaches](#) for discectomy) when the following criteria are met:

- Evidence of myelopathy secondary to neural cord compression confirmed by diagnostic imaging studies with **BOTH** of the following⁶⁰:
 - Corresponding clinical symptoms including, but may not be limited to⁶⁰:
 - Bladder or bowel incontinence; **OR**
 - Clumsiness of the hands; **OR**
 - Frequent falls;
- AND**
- Corresponding objective neurological signs including, but may not be limited to⁶⁰:
 - Hoffman sign; **OR**
 - Hyperreflexia; **OR**
 - Increased tone or spasticity; **OR**
- Herniated disc, confirmed by diagnostic imaging studies when accompanied by the following^{3,66,68}:
 - [Radicular](#)* pain that has persisted despite 6 weeks of at least one of the following conservative treatments^{3,66,68}:
 - Epidural steroid injections or facet joint/medial branch nerve blocks if medically appropriate and not contraindicated^{3,68}; **OR**
 - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics) if medically appropriate and not contraindicated³; **OR**
 - Physical therapy (PT)^{3,68}; **OR**
- Rapidly progressive neurological signs/symptoms of lumbar spine compression confirmed by diagnostic imaging studies^{66,68}; **OR**
- Spinal fractures confirmed by diagnostic imaging studies⁶⁰; **OR**

- Spinal infection confirmed by diagnostic imaging studies^{60,68}; **OR**
- Spinal tumor confirmed by diagnostic imaging studies⁶⁰

*Lumbar (low back) radicular pain typically radiates to the level of the knee or more distally and is associated with segmental nerve root impingement. Cervical (neck) radicular pain typically radiates down one or both arms and is associated with segmental nerve root impingement.

LAMINECTOMY, LAMINOTOMY, FORAMINECTOMY, FORAMINOTOMY, FORAMINOLAMINECTOMY

Laminectomy with Drainage of Intramedullary Cyst/Syrinx (63172, 63173, 63295)

Humana members may be eligible under the Plan for **laminectomy with drainage of intramedullary cyst/syrinx** when the following criteria are met:

- Evidence of cyst/syrinx (syringomyelia) confirmed by MRI^{9,10,14,24,26}; **AND**
- Corresponding clinical symptoms including, but not limited to:
 - Bowel or bladder incontinence^{9,14}; **OR**
 - Dysesthetic pain^{9,24}; **OR**
 - Gait impairment⁹; **OR**
 - Hand and upper extremity atrophy^{9,14}; **OR**
 - Sensory loss, classically of the upper limbs, but may extend further down^{9,14,24}; **OR**
 - Spasticity of lower extremities⁹; **OR**
 - Upper extremity weakness^{9,14}

Laminectomy with Rhizotomy (63185, 63190, 63295)

Humana members may be eligible under the Plan for **laminectomy with rhizotomy** when the following criteria are met:

- Greater than 2 years of age **OR** less than 50 years of age²⁰; **AND**
- Absence of contraindications including **ANY** of the following:
 - Adults with muscle atrophy and deformities due to chronic limited activities²⁰; **OR**
 - Children under the age of 2 years^{11,20,22}; **OR**
 - History of multiple orthopedic operations due to fixed deformities (eg, scoliosis)¹¹; **OR**
 - Increased muscle tone due to **ONE** of the following:
 - Head trauma¹¹; **OR**
 - Hydrocephalus^{11,20,22}; **OR**
 - Intrauterine and neonatal infections (eg, cytomegalovirus)^{11,20}; **OR**
 - Neural migration disorders^{11,22}; **OR**

- Severe muscle weakness that limits the potential to improve¹¹; **OR**
- Underlying degenerative or progressive disorder or encephalopathy²²; **OR**
- Spastic hemiplegia cerebral palsy (CP)^{11,25}; **OR**
- Spastic quadriplegia CP²⁵; **AND**
- Cognitive and physical potential to participate in intensive postoperative PT^{22,25}; **AND**
- Confirmed spastic diplegic CP secondary to premature birth^{11,22,25}; **AND**
- Fair voluntary motor and trunk control with no fixed contractures²⁵; **AND**
- [Gross Motor Function Classification System](#) (GMFCS) level II or III^{12,25}

Cervical Spine (22100, 22103)

Humana members may be eligible under the Plan for **cervical laminectomy, laminotomy, foraminectomy, foraminotomy** (including **microsurgical anterior foraminotomy**) or **foraminolaminectomy** when the following criteria are met:

- Cervical [radiculopathy](#)*^{60,81}:
 - Symptoms (eg, pain, weakness) are persistent and disabling (eg, interferes with activities of daily living [ADLs] or sleep)⁶⁰; **AND**
 - Imaging study (MRI, CT scan) finding demonstrates correlation with clinical symptoms^{60,81}; **AND**
 - Failure of 6 weeks of at least one of the following conservative treatments^{60,85}:
 - Medications (eg, NSAIDs, non-narcotic analgesics, oral steroids) if medically appropriate and not contraindicated⁶⁰; **OR**
 - PT⁶⁰; **OR**
 - Spinal injections (eg, epidural steroid injections or facet joint/medial branch nerve blocks) if medically appropriate and not contraindicated)⁶⁰; **OR**
- Cervical spinal fractures confirmed by diagnostic imaging studies⁶⁰; **OR**
- Cervical spinal infection confirmed by diagnostic imaging studies^{60,61,65}; **OR**
- Cervical spinal injury from epidural hematoma^{60,65}; **OR**
- Cervical spinal injury from foreign bodies⁶⁰; **OR**
- Cervical spinal tumor confirmed by diagnostic imaging studies^{60,61,65}; **OR**
- Congenital cervical spinal stenosis⁶¹; **OR**

- Cord compression as a result of rheumatoid arthritis (usually performed with a spinal fusion)⁶¹; **OR**
- Evidence of myelopathy secondary to neural cord compression confirmed by diagnostic imaging studies^{60,61,65} with **BOTH** of the following:

- Corresponding clinical symptoms including, but may not be limited to^{60,61}:
 - Bladder or bowel incontinence; **OR**
 - Clumsiness of the hands; **OR**
 - Frequent falls;

AND

- Corresponding objective neurologic signs including, but may not be limited to^{60,61}:
 - Hoffman sign; **OR**
 - Hyperreflexia; **OR**
 - Increased tone or spasticity; **OR**
- Herniated disc, foraminal stenosis or spinal stenosis at the level corresponding with clinical findings confirmed by diagnostic imaging studies^{60,65} when accompanied by **BOTH** of the following:
 - Physical and neurological abnormalities suggestive of nerve root or spinal cord compression (eg, weakness, sensory loss, reflex changes)⁶⁰; **AND**
 - [Radicular](#)* pain that has persisted despite 6 weeks of at least one of the following conservative treatments⁶⁰:
 - Epidural steroid injections or facet joint/medial branch nerve blocks if medically appropriate and not contraindicated⁶⁰; **OR**
 - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated⁶⁰; **OR**
 - PT⁶⁰; **OR**
- Ossification of the posterior longitudinal ligament (three or more levels) with cord compression confirmed by diagnostic imaging studies^{61,65}; **OR**
- Rapidly progressive neurologic signs/symptoms of cervical spine compression confirmed by diagnostic imaging studies⁶⁵

Lumbar Spine (22102, 22103)

Humana members may be eligible under the Plan for **lumbar laminectomy, laminotomy, foraminectomy, foraminotomy or foraminolaminectomy** when the following criteria are met:

- Cauda equina syndrome (bowel or bladder dysfunction, bilateral lower extremity weakness/numbness/decreased sensation, saddle anesthesia) confirmed by diagnostic imaging studies^{62,63,67}; **OR**
- Herniated disc or foraminal stenosis at the level corresponding with clinical findings confirmed by diagnostic imaging studies⁶³ when accompanied by **BOTH** of the following:
 - Physical and/or neurological abnormalities suggestive of nerve root or spinal cord compression (eg, weakness, sensory loss, reflex change)⁶³; **AND**
 - **Radicular*** pain that has persisted despite 6 weeks of at least one of the following conservative treatments⁶³:
 - Epidural steroid injections or facet joint/medial branch nerve blocks if medically appropriate and not contraindicated⁶³; **OR**
 - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated⁶³; **OR**
 - PT⁶³; **OR**
- Lumbar spinal fractures confirmed by diagnostic imaging studies⁶⁷; **OR**
- Lumbar spinal infections confirmed by diagnostic imaging studies^{63,67}; **OR**
- Lumbar spinal injury from epidural hematoma⁶⁷; **OR**
- Lumbar spinal stenosis^{63,67}:
 - Rapidly progressive or very severe symptoms of neurogenic claudication with imaging findings of lumbar spinal stenosis that correlate with clinical findings⁶⁷; **OR**
 - Leg or buttock neurogenic claudication symptoms⁶³ and **ALL** of the following:
 - Symptoms that are persistent and disabling⁶³; **AND**
 - Imaging findings of lumbar spinal stenosis that correlate with clinical findings⁶⁷; **AND**
 - Failure of 6 weeks of at least one of the following conservative treatments^{63,67}:
 - ❖ Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated⁶³; **OR**

❖ PT⁶³; **OR**

❖ Spinal injections (eg, epidural steroid injections or facet joint/medial branch nerve blocks) if medically appropriate and not contraindicated⁶³; **OR**

- Lumbar spinal tumor confirmed by diagnostic imaging studies^{63,67}; **OR**
- Lumbar spondylolisthesis (decompression procedure is usually performed with a spinal fusion)^{63,67}:
 - Rapidly progressive or severe neurologic deficits (eg, bowel or bladder dysfunction)^{63,67}; **OR**
 - Symptoms that require conservative treatment prior to surgical intervention, as indicated by **ALL** of the following⁶³:
 - Individual has persistent disabling symptoms, including **1 or more** of the following⁶³:
 - ❖ Low back pain; **OR**
 - ❖ Neurogenic claudication; **OR**
 - ❖ Radicular pain; **AND**
 - Treatment (surgical decompression) is indicated by **ALL** of the following⁶³:
 - ❖ Listhesis demonstrated on imaging^{63,67}; **AND**
 - ❖ Symptoms correlate with findings on MRI or other imaging^{63,67}; **AND**
 - ❖ Failure of 6 weeks of at least one of the following conservative treatments⁶⁷:
 - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated²⁷; **OR**
 - PT²⁷; **OR**
 - Spinal injections (eg, epidural steroid injections or facet joint/medial branch nerve blocks) if medically appropriate and not contraindicated²⁷; **OR**
- Rapidly progressive neurologic signs/symptoms of lumbar spine compression confirmed by diagnostic imaging studies⁶³

Sacrum (63011, 63268, 63273, 63278, 63283, 63295)

Humana members may be eligible under the Plan for **sacral laminectomy, laminotomy, foraminectomy, foraminotomy or foraminolaminectomy** when the following criteria are met:

- Sacral fractures confirmed by diagnostic imaging studies¹⁸; **OR**
- Sacral infection confirmed by diagnostic imaging studies²¹; **OR**

- Sacral injury from epidural hematoma²¹; **OR**
- Sacral tumor confirmed by diagnostic imaging studies¹⁶

Thoracic Spine (22101, 22103, 63003, 63016, 63046, 63197, 63251, 63266, 63271, 63276, 63281, 63286, 63295)

Humana members may be eligible under the Plan for **thoracic laminectomy, laminotomy, foraminectomy, foraminotomy or foraminolaminectomy** when the following criteria are met:

- Thoracic spinal fractures confirmed by diagnostic imaging studies¹⁹; **OR**
- Thoracic spinal infection confirmed by diagnostic imaging studies^{19,21}; **OR**
- Thoracic spinal injury from epidural hematoma²¹; **OR**
- Thoracic spinal injury from foreign bodies¹⁹; **OR**
- Thoracic spinal stenosis¹⁶:
 - Evidence of myelopathy secondary to neural cord compression confirmed by diagnostic imaging studies with **BOTH** of the following⁴:
 - Corresponding clinical symptoms including, but may not be limited to⁴:
 - ❖ Balance difficulty⁴; **OR**
 - ❖ Bladder or bowel incontinence⁴; **OR**
 - ❖ Gait disturbance⁴; **OR**
 - ❖ Frequent falls⁴;

AND

- Corresponding objective neurologic signs including, but may not be limited to⁴:
 - ❖ Hyperreflexia⁴; **OR**
 - ❖ Increased tone or spasticity⁴; **OR**
- [Radicular](#)** pain, with diagnostic imaging studies confirming spinal stenosis, that has persisted despite at least one of the following conservative treatments¹⁵:
 - Epidural steroid injections or facet joint/medial branch nerve blocks if medically appropriate and not contraindicated¹⁵; **OR**
 - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated¹⁵; **OR**
- Thoracic spinal tumor confirmed by diagnostic imaging studies¹⁹

****Thoracic radicular pain typically radiates into the chest or abdomen; it may be accompanied with abnormal abdominal reflexes and/or a worsening of pain with cough, sneeze and Valsalva.**

Coverage Limitations

For members under age 21, requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Annular (Annulus) Fibrosis Repair/Closure Procedures (C9757)

Humana members may **NOT** be eligible under the Plan for **annular (annulus) fibrosis repair/closure procedures**^{36,47,73} (via any technique). These are considered not medically necessary.

A review of the current medical literature shows that the **evidence is insufficient** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature (as defined by CMS) examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

Discectomy

Humana members may **NOT** be eligible under the Plan for the following **discectomy procedures** for any indication:

- Automated percutaneous lumbar discectomy (APLD) **(C2614)** (also known as automated percutaneous mechanical lumbar discectomy)^{51,59}; **OR**
- Endoscopic disc decompression, when in combination with ablation (radiofrequency ablation) and annulus modulation/repair³⁷; **OR**
- Percutaneous discectomy techniques^{49,53}

A review of the current medical literature shows that the **evidence is insufficient** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature (as defined by CMS) examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

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
20999	Unlisted procedure, musculoskeletal system, general	
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)	
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	
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	
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	
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	
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)	

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)	
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	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		

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	

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Appendix

Appendix A

Gross Motor Functional Classification Scale (GMFCS)¹¹

Level I	Able to walk in the community and climb stairs without the use of a railing. Running and jumping are possible, but speed, balance and coordination are limited.
Level II	Generally able to walk without assistance, although patients may require assistive devices when walking over uneven terrain or over long distances. Running and jumping are severely limited. A railing is required to climb stairs.
Level III	Handheld mobility device is required for walking. Wheeled devices are required for travel over long distances.
Level IV	Physical assistance from others or powered mobility devices are required in most settings. Walking short distances with assistance or a body support walker may be possible.
Level V	Limited ability to maintain head and trunk postures and to control limb movements. Transport by wheelchair is required.

Change Summary

04/07/2026 New Policy.