

Herniated Disc Treatment – Non-covered Procedures

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Developed By: Medical Necessity Criteria Committee

I. Description

Degeneration of the intervertebral disc can result in herniation. The presence of pain, radiculopathy and other symptoms depends on the site and degree of herniation. The weak spot in a disc is directly under the nerve root, and a herniation in this area puts direct pressure on the nerve. Approximately 90% of disc herniations will occur at lumbar segments 4 and 5. In most cases, if a patient's back and/or leg pain is going to resolve it will do so within 6 weeks. While waiting to see if a disc will heal on its own, conservative treatment such as physical therapy, NSAIDS, oral steroids, or epidural injections can help reduce the pain. If the disc does not heal with conservative treatment, other treatment options such as nucleoplasty, chemonucleolysis, or lumbar discectomy may be considered.

II. Criteria: CWQI HCS-0024

- A. **Nucleoplasty: (No criteria) (CWQI: HCS-0154)** is a percutaneous procedure utilizing both patented Coblation® technology and coagulation of soft tissue for partial removal of the nucleus. Coblation® ablates tissue via a low-temperature, molecular disassociation process to create small channels within the disc. A series of channels are created by advancing a catheter into the disc while ablating tissue. When the catheter is withdrawn, the channels are thermally treated, producing a zone of thermal-coagulation. Nucleoplasty is performed on an outpatient basis under local anesthesia with fluoroscopic guidance.
- a. Moda Health does **NOT** cover nucleoplasty. This procedure is considered investigational. There is insufficient evidence in peer-reviewed literature as to the safety and effectiveness of nucleoplasty.
- B. **Chemonucleolysis: (CWQI A-0496)** is the injection of an enzyme into a bulging spinal disc, with the goal of reducing the disc's size. During chemonucleolysis, an enzyme called chymopapain is injected into the disc space where it alters the structure of the proteins in the nucleus pulposus and decreases the internal pressure of the disc. As a result, the bulging disc may shrink and relieve pressure on the nerve root. Chemonucleolysis is not commonly done in the United States, based on concern of risk of serious side effects.
- a. Moda Health does **NOT** cover chemonucleolysis. This procedure is considered investigational. There is insufficient evidence in peer-reviewed literature as to the safety and effectiveness of chemonucleolysis.

- C. **Percutaneous lumbar discectomy (A-0396) (PLD) and Laser-assisted disc decompression (LADD) (No criteria)** are minimally invasive techniques to treat herniated discs. PLD is a surgical procedure performed for the resection of herniated lumbar disc material. It can be performed either manually or with an automated technique. LADD involves the use of a laser to vaporize a small portion of the nucleus pulposus in order to decompress a herniated disc.
- a. Moda Health does **NOT** cover PLD or LADD. These procedures are considered investigational. There is insufficient evidence in peer-reviewed literature as to the safety and effectiveness of PLD or LADD.

III. Information Submitted with the Prior Authorization Request:

1. Not applicable

VI. CPT or HCPC codes NOT covered:

Codes	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 endoscope, with discography and/or epidural injection(s), when performed, single or multiple levels, lumbar
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
0274T	Percutaneous laminotomy/laminectomy for decompression of neural elements (without ligamentous resection, discectomy, facetectomy, and/or foraminotomy) any method, under direct image guidance, with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic.
0275T	Same as above: Lumbar

V. Annual Review History

Review Date	Revisions	Effective Date
11/2012	Annual Review: Added table with review date, revisions, and effective date.	12/01/2012
09/2013	Annual Review: No changes	09/25/2014
08/2014	Annual Review: No changes	08/30/2014
09/2015	Annual Review: deleted ICD-9 and ICD10 codes- removed discectomy criteria	09/23/2015
03/2017	Annual Review: Updated to new template -	3/22/2017
03/2018	Annual Review: No changes	03/28/2018

VI. References

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3. Choy DS. Percutaneous laser disc decompression (PLDD): twelve years' experience with 752 procedures in 518 patients 1998; 16(6):325-31.
4. Chou R, Huffman LH, Guidelines for the Evaluation and Management of Low Back Pain, Evidence Review, American Pain Society, May 2009, accessed on February 24, 2012 at: <http://www.ampainsoc.org/library/pdf/LBPEvidRev.pdf>
5. Davis T, Sra P, Fuller N, et al. Lumbar intervertebral thermal therapies. *Orthopedic Clinics of North America* 2003; 34(2).
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11. Chou, R, Qaseem, A, Snow, V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007 Oct 2;147(7):478-91. PMID: 17909209
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13. National Institute for Clinical Excellence (NICE). Percutaneous disc decompression using coblation for lower back pain. *Interventional Procedure Guidance 173*. 2006 accessed on February 24, 2012; Available from: <http://guidance.nice.org.uk/IPG173/Guidance/pdf/English>.
14. National Institute for Clinical Excellence (NICE). Percutaneous endoscopic laser lumbar discectomy. *Interventional Procedure Guidance 300*. 2009, accessed on February 24, 2012; Available from: <http://www.nice.org.uk/nicemedia/live/12073/44256/44256.pdf>
15. Washington State Department of Labor and Industries (WSDLI), Office of the Medical Director. Percutaneous discectomy for disc herniation. *Technology Assessment*. Olympia, WA: WSDLI; February 2004
16. Physician advisors

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
M46.40	Discitis, unspecified, site unspecified

ICD-10	ICD-10 Description
M46.45	Discitis, unspecified, thoracolumbar region
M46.47	Discitis, unspecified, lumbosacral region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.20	Other cervical disc displacement, unspecified cervical region
M50.30	Other cervical disc degeneration, unspecified cervical region
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar regionM96.1
M50.80	Other cervical disc disorders, unspecified cervical region
M50.90	Cervical disc disorder, unspecified, unspecified cervical region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.44	Schmorl's nodes, thoracic region
M51.45	Schmorl's nodes, thoracolumbar region
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.84	Other intervertebral disc disorders, thoracic region

ICD-10	ICD-10 Description
M51.85	Other intervertebral disc disorders, thoracolumbar region
M51.86	Other intervertebral disc disorders, lumbar region
M51.87	Other intervertebral disc disorders, lumbosacral region
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M96.1	Postlaminectomy syndrome, not elsewhere classified

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): F	NCD/LCD Document (s):
Noridian Local Coverage Determination (LCD) Non-covered Services (L35008)	

NCD/LCD Document (s):
https://med.noridianmedicare.com/documents/10546/6990983/Non-Covered+Services+LCD

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC