Investigational spine procedures

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan will be used to determine your coverage.

Administrative Process

Note: This policy does not apply to Medicare plans. Medicare coverage is determined by the Centers for Medicare and Medicaid Services (CMS).

Prior authorization is not applicable for the following spine procedures because these services are considered investigational/experimental. The provider and facility will be liable for payment unless:

1. The provider notifies the member that a specific service has been determined by HealthPartners to be investigational/experimental; and
2. The member signs a waiver agreeing to pay for the specific non-covered service being rendered; and
3. The claim has been billed with a GA modifier indicating such. If the member has signed a waiver agreeing to pay for the specific service, then the member will be liable for payment.

For additional policies that address spine procedures, some of which are considered investigational, see Related Content at right.

The following procedures are considered investigational and therefore not covered

1. Laser spine procedures:
   A. Laser discectomy, also known as laser-assisted discectomy, laser disc decompression or laser-assisted disc decompression (LADD) (62287)
   B. Percutaneous laser discectomy (62287)
   C. Laparoscopic laser discectomy
   D. Endoscopic laser foraminoplasty
   E. Endoscopic laser foraminotomy
   F. Endoscopic laser laminotomy
   G. Laser laminectomy
   H. Laser facet ablation / denervation / rhizotomy
   Note: Clinical studies have not shown a clinically significant benefit of use of laser over any other method of tissue resection in spinal surgery. No additional benefit will be provided for the use of a laser in spinal surgery.

2. Percutaneous and endoscopic laminectomy and disc decompression procedures of the cervical, thoracic, or lumbar spine
   A. Percutaneous endoscopic discectomy with or without laser (PELD) (also known as arthroscopic microdiscectomy or Yeung Endoscopic Spinal Surgery System (Y.E.S.S.)
   B. APLD (Automated percutaneous lumbar discectomy) (62287)
   C. Endoscopic procedures using the DiscFX™ System
   D. Minimally invasive percutaneous decompression – “mild®” procedure. (0274T, 0275T)

3. Thermal intradiscal procedures (TIPs):
   A. Intradiscal electrothermal therapy (IDET) / Intradiscal electrothermal annuloplasty (IEA) / Intradiscal thermal annuloplasty (IDTA) (22526, 22527)
   B. Nucleoplasty/decompression nucleoplasty/percutaneous (or plasma) disc decompression (PDD) (e.g., SpineWand™, Coblation therapy)
   C. Transdiscal biacuplasty/ Intradiscal biacuplasty (IDB)/cooled radiofrequency ablation (RFA) (22526, 22527)
   D. Percutaneous intradiscal radiofrequency thermoablation (PIRFT) (22526, 22527)

4. Devices for annulus repair or closure (i.e. disc annual repair technology (Barricaid® ACD device) (C9757)

5. Epidurolysis / percutaneous epidural adhesiolysis (62263, 62264)

6. Intraosseous radiofrequency ablation of the basivertebral nerve (e.g., Intrasept®) (64628, 64629)
   (This does not apply to Medicaid and MSHO products.)

7. Interspinous process distraction, also known as interspinous decompression, interspinous spacer devices, and interlaminar dynamic stabilization devices (22867, 22868, 22869, 22870, C1821) (including but not limited to Coflex® Interlaminar Technology Implant, Coflex interlaminar Stabilization device, Superion® Interprocess spacer, Aperius™ PercLID™ system).
Definitions

**Discectomy** is the partial or complete removal of an intervertebral disc. Intervertebral discs are made of rubbery tissue and are located between the vertebrae (bones) of the spinal column.

**Discography** is an invasive diagnostic tool and is typically performed in conjunction with CT or MRI to localize disc herniation or fissure in the annulus fibrosis, a ring of fibrous tissue comprising the outer layer of the intervertebral disc. A volume of contrast media is injected into the disc space to determine the integrity of the intervertebral disc. In the normal disc, the annulus fibrosis solidly encloses the nucleus pulposus and is only capable of accepting 1 to 1.5 ml of contrast media. If 2 ml or more of contrast media can be injected, there is likely a degenerative change in the disc. In addition to determining the available volume of the disc, discography is used to reproduce the symptoms associated with a possible herniated disc. The patient’s response to pain during the procedure may help confirm the source of the symptoms.

**Foraminectomy** and **foraminotomy** are performed to expand the openings between (the vertebral bone openings (foramen) by removing some bone and other tissue. The nerve roots exit the spinal cord through these openings. A foraminectomy or foraminotomy is often performed on an individual who has arthritis, a disc herniation (bulging disc tissue), or spinal stenosis (narrowing of spaces within the spine). 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.

**Functional anesthetic discography (FAD)** is a diagnostic procedure that involves the injection of a local anesthetic (e.g., lidocaine or bupivacaine) directly into one or more suspected intervertebral discs using a balloon-anchored catheter for confirming the presence of injured discs as the source of a member’s low back pain. FAD entails a functional examination; it relies on the member's induction of pain during active patient movement, which is different than the traditional discography. When the member performs the movement or position that causes pain, a local anesthetic is then injected into the disc in hopes of alleviating the pain. If the injection relieves the pain, the disc can be further evaluated for potential treatment. If the injection fails to relieve the pain, the physician can investigate other possible causes of pain.

**Intradiscal steroid injection** is an injection of steroid medication directly into the intervertebral disc. Sometimes they performed at the same time as a discography is performed.

**Intradiscal thermal procedures** are techniques that use a probe-like instrument to generate heat by using radiofrequency energy (radio waves). The goal is to relieve pain and repair abnormal structures within the affected disc.

- **IDET (intradiscal electrothermal annuloplasty)** involves the insertion of a probe into a spinal disc. The tissue is heated by the probe, which causes it to shrink and scar, with the goal of relieving the pain.
- **Cooled radiofrequency ablation (RFA) / Transdiscal bacuplasty/Intradiscal bicuplasty** is similar to IDET, utilizing two water-cooled electrodes to deliver radiofrequency energy into the disc, with the goal of relieving pain.
- **Percutaneous intradiscal radiofrequency thermocagulation (PIRFT)** applies radiofrequency (radio wave) energy directly to the center of the disc using a catheter (tube) containing a heated coil.

**Intraosseous RFA of the basivertebral nerve for treatment of low back pain** uses radiofrequency (radio wave) energy to destroy part of the basivertebral nerve (BVN), with the goal of interrupting the nerve pathway that may be causing chronic back pain. The basivertebral nerves are found within foramen (openings) of the bones in the spine. A probe-like instrument is used to apply radiofrequency energy to the nerve.

**Interspinous process distraction, (also known as interspinous process decompression)** and **Interspinous stabilization** are minimally invasive procedures designed to treat the symptoms of lumbar spinal stenosis (narrowing of spinal canal). Interspinous process decompression implants (may be called spacers) are placed at one or two levels of the lumbar spine, with the goal of creating more space for the spinal cord and nerves. They are not permanently affixed to the bone or ligaments. Interspinous stabilization devices are utilized as an adjunct to decompression surgery and function to provide additional stability in the place of a fusion.
**Lumbar disc herniation** is caused when the outer casing of the disc bursts and some of the rubbery disc material seeps out, sometimes causing pain. Disc herniation is the most common cause of nerve pain felt going down the back and leg, sometimes with leg numbness or weakness (radiculopathy).

**Minimally invasive lumbar decompression (mild®)** - A minimally invasive surgery that treats lumbar spinal stenosis (narrowing of spinal canal) using a small opening in the skin. Instruments are placed through the skin, increasing the size of the spinal canal, to provide more space for a compressed nerve. The mild® procedure is an image-guided surgery—the spine is not directly viewed by the surgeon. Rather, the procedure is guided by fluoroscopy, a method of observing body structures on a screen. May also be referred to as percutaneous image-guided lumbar decompression (PILD).

**Percutaneous** refers to the insertion of a tube catheter, or endoscope through the skin. An endoscope is a flexible instrument that can be used to view body tissues and remove tissue or repair structures. It looks like a large flexible needle and makes a very small incision (cut). Many percutaneous procedures that include the removal of disc material are performed by inserting instruments through an endoscope.

**Percutaneous intradiscal procedures** are minimally invasive techniques performed on discs through a small opening in the skin with the goal of relieving low back pain, radiculopathy (leg numbness or weakness) and sciatica (buttock and leg nerve pain). The procedure removes part of the nucleus pulposus (gel like disc material) relieving pressure on nerve roots. Percutaneous intradiscal procedures may surgically remove disc material, destroy disc material, or alter the disc through the application of heat.

- **APLD (Automated percutaneous lumbar discectomy)** involves a probe inserted through a cannula (tube) which is used to cut and remove disc material.
- **Disc nucleoplasty** (also known as percutaneous radiofrequency thermomodulation, percutaneous plasma discectomy or plasma disc decompression [PDD]) is a minimally invasive procedure to treat individuals with low back and leg pain caused by herniated discs. The procedure may utilize a device called the ArthroCare SpineWand®. The SpineWand® is designed to relieve pressure on spinal nerves adjacent to the disc by removing disc material. This procedure uses a technology referred to as Coblation®, in which the SpineWand® applies an electric current through the tip of the wand.
  - **Laser Discectomy** is a percutaneous procedure which uses a laser device to shrink the enlarged disc that is causing the low back pain. There are several laser discectomy devices, including LASE® (laser assisted spinal endoscopy), LADD (laser assisted disc decompression), and others.
  - **Percutaneous manual nucleotomy** refers to the technique involving the use of specialized tools to remove the disc through a cannula (tube).

**Codes**

*If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>22526</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level</td>
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<tr>
<td>22527</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22867</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level</td>
</tr>
<tr>
<td>22868</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>22869</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level</td>
</tr>
<tr>
<td>22870</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level</td>
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<tr>
<td>62263</td>
<td>Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days</td>
</tr>
<tr>
<td>62264</td>
<td>Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day</td>
</tr>
<tr>
<td>62287</td>
<td>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</td>
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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

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>62290</td>
<td>Injection procedure for discography, each level; lumbar</td>
</tr>
<tr>
<td>62291</td>
<td>Injection procedure for discography, each level; cervical or thoracic</td>
</tr>
<tr>
<td>62292</td>
<td>Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar</td>
</tr>
<tr>
<td>62380</td>
<td>Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar</td>
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<tr>
<td>64628</td>
<td>Thermal destruction of intraosseous basivertebral nerve, first two vertebral bodies, including all imaging guidance; lumbar/sacrum</td>
</tr>
<tr>
<td>64629</td>
<td>Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar/sacrum (list separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>72285</td>
<td>Discography, cervical or thoracic, radiological supervision and interpretation</td>
</tr>
<tr>
<td>72295</td>
<td>Discography, lumbar, radiological supervision and interpretation</td>
</tr>
<tr>
<td>0202T</td>
<td>Posterior vertebral joint(s) arthroplasty (e.g., facet joint(s) replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine</td>
</tr>
<tr>
<td>0219T</td>
<td>Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical</td>
</tr>
<tr>
<td>0220T</td>
<td>Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic</td>
</tr>
<tr>
<td>0221T</td>
<td>Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar</td>
</tr>
<tr>
<td>0222T</td>
<td>Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)</td>
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<tr>
<td>0274T</td>
<td>Percutaneous laminotomy/laminectomy (intralaminar 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), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic</td>
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<tr>
<td>0275T</td>
<td>Percutaneous laminotomy/laminectomy (intralaminar 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), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar</td>
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<tr>
<td>0656T</td>
<td>Vertebral body tethering, anterior; up to 7 vertebral segments</td>
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<tr>
<td>0657T</td>
<td>Vertebral body tethering, anterior; 8 or more vertebral segments</td>
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<tr>
<td>C1821</td>
<td>Interspinous process distraction device (implantable)</td>
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<tr>
<td>C2614</td>
<td>Probe, percutaneous lumbar discectomy</td>
</tr>
<tr>
<td>C9757</td>
<td>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</td>
</tr>
<tr>
<td>22899</td>
<td>Unlisted procedure, spine</td>
</tr>
<tr>
<td>64999</td>
<td>Unlisted procedure, nervous system</td>
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**Products**

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

**References**

27. Hayes, Inc Hayes Vertebral Body Tethering for Progressive Pediatric and Adolescent Idiopathic Scoliosis Lansdale, PA Hayes Inc March 2021, Archived April 7, 2022


