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

<table>
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<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<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 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</td>
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### 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

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<tr>
<th>Date</th>
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<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>10/2013</td>
<td>BCBSA National medical policy review. Policy statement clarified to read: back pain and/or radiculopathy.</td>
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<tr>
<td>9/1/10</td>
<td>Medical Policy 231, effective 9/1/10, describing ongoing non-coverage.</td>
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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

References


