Decompression of Intervertebral Discs Using Laser Energy (Laser Discectomy) or Radiofrequency Energy (Nucleoplasty)

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MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not address percutaneous and endoscopic discectomy, which is considered in a separate medical policy (see Cross References below).

CMS Coverage Manuals*  None

DESCRIPTION

Ablation of the nucleus pulposus using laser energy (laser discectomy) and radiofrequency energy (coblation or nucleoplasty) is being evaluated as a technique for decompression of the intervertebral disc as a treatment of back pain. In some cases, chemonucleolysis is used as an adjunct to disc nucleoplasty.
For percutaneous intradiscal *techniques that use a radiofrequency (RF) energy source* (i.e., *disc nucleoplasty*):

- Thermal Intradiscal Procedures (TIPs) (150.11) (*disc nucleoplasty is non-covered, according to the NCD 150.11. Services related to or required as a result of non-covered services are not covered services under Medicare.*[1]) Therefore, if chemonucleolysis [CPT code 62292] is performed in conjunction with or as an adjunct to percutaneous disc decompression procedures including, but not limited to disc nucleoplasty, both services are considered non-covered.)

**Note:** Percutaneous disc decompression or nucleoplasty procedures that do not use a RF energy source are not addressed within this NCD. See below.

For the percutaneous *decompression of nucleus pulposus of an intervertebral disc by any method (CPT code 62287), including those that use a laser energy source*[2]:

- Non-Covered Services (L35008) (CPT code 62287 is non-covered, according to the Noridian LCD L35008. Services related to or required as a result of non-covered services are not covered services under Medicare.*[1]) Therefore, if chemonucleolysis [CPT code 62292] is performed in conjunction with or as an adjunct to percutaneous disc decompression procedures, both services are considered non-covered.)

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.**

**POLICY GUIDELINES**

**REGULATORY STATUS**

Several laser devices have received U.S. Food and Drug Administration (FDA) 510(k) clearance for incision, excision, resection, ablation, vaporization, and coagulation of tissue.
Intended uses described in FDA summaries include a wide variety of procedures, including percutaneous discectomy.

- Trimekine Holmium Laser System Ho1mium: Yttrium Aluminum Garnet (Ho1mium:YAG) (Trimekine, Inc.) received 510(k) clearance in 2002;
- Revolix Duo Laser System (Lisa Laser Products) in 2007; and
- Quanta System LITHO Laser System (Quanta System SpA) in 2009.
- Perc-D SpineWands™ (ArthroCare) in 2001. It is used in conjunction with the ArthroCare Coblation System 2000 for ablation, coagulation, and decompression of disc material to treat symptomatic patients with contained herniated discs. Smith & Nephew acquired ArthroCare in 2014.

All were cleared based on equivalence with predicate devices for percutaneous laser disc decompression/discectomy, including foraminoplasty, percutaneous cervical disc decompression/discectomy, and percutaneous thoracic disc decompression/discectomy.

Note, the fact a service or procedure has been issued a CPT/HCPCS code or “is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary." Medicare contractors evaluate services, procedures, drugs or technology to determine if they may be considered Medicare covered services. (Noridian LCD L35008)

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CROSS REFERENCES

Automated Percutaneous and Percutaneous Endoscopic Discectomy, Surgery, Policy No. M-145

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare
2. NCD for Laser Procedures (140.5) – Coverage of procedures performed with a laser is at contractor discretion.

CODING

**NOTE:** HCPCS code S2348 is a Medicare Status “I” code, and therefore, is not valid for Medicare or Medicare Advantage use.

CPT code 62287 specifically describes a percutaneous aspiration or decompression procedure of the lumbar spine. This code does not distinguish between a laser decompression procedure (addressed in this policy) and an aspiration procedure (addressed in a separate medical policy). Also note this code is specifically limited to the lumbar region.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
<td>62287</td>
<td>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material</td>
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<tr>
<td>Codes</td>
<td>Number</td>
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<td>under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar</td>
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<td>62292</td>
<td>Injection procedure for chemonucleolysis including discography, intervertebral disc, single or multiple levels, lumbar</td>
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<tr>
<td>HCPCS</td>
<td>S2348</td>
<td>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar <em>(Not valid for Medicare purposes)</em></td>
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*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.*