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Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

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**Image-guided Minimally Invasive Spine Surgery Policy**

**Indication/Usage:**

Percutaneous spine surgery refers to a range of minimally invasive procedures designed to treat spinal disorders. These techniques involve small incisions and specialized instruments, allowing surgeons to access the spine with minimal disruption to surrounding tissues with less recovery time.

**Medical Indications for Authorization  
Commercial and Medicare Members**

SummaCare considers the following spinal procedures experimental, investigational, or unproven because the effectiveness of these approaches has not been established.

1. Automated Percutaneous Lumbar Discectomy (APLD) for intervertebral disc decompression

CPT Codes

- 64600:** Percutaneous lumbar discectomy, with image guidance
- 64601:** Percutaneous lumbar discectomy, with image guidance, with additional imaging (CT or MRI)
- 64610:** Percutaneous lumbar decompression, with image guidance
- 64611:** Percutaneous lumbar decompression, with image guidance, with additional imaging

2. Axial Lumbar Interbody Fusion (AxiaLIF®), Laparoscopic Anterior Lumbar Interbody Fusion (LALIF) a percutaneous presacral access approach to the L5 to S1 vertebral bodies

CPT Codes

- 22586:** Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
- 22899:** Unlisted procedure, spine

3. Minimally Invasive Lumbar Decompression (MILD®) including Disc-FX®

CPT Codes

- 62330:** Percutaneous lumbar decompression with partial removal of the ligamentum flavum for one lumbar interspace, including laminotomy, epidurography, and imaging guidance
- 62331:** Percutaneous lumbar decompression, used for each additional lumbar interspace treated beyond the primary interspace

4. Minimally invasive endoscopic transforaminal lumbar interbody fusion (MITLIF \ MAST) for lumbar disc degeneration, instability or any other indication

CPT Codes

- 62380:** Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar

5. Percutaneous Decompression / Nucleoplasty Disc-FX®

CPT Codes

**22526:** Nucleoplasty, percutaneous, with partial removal of nucleus pulposus, including imaging guidance

**22527:** Nucleoplasty, percutaneous, with partial removal of nucleus pulposus, including imaging guidance; additional level

6. Percutaneous Image-Guided Lumbar Decompression (PILD)

CPT code

**G0276:** Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial

7. Percutaneous Endoscopic Lumbar Discectomy (PELD) for intervertebral disc decompression

CPT Code

**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 an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar

8. Percutaneous sacral augmentation (Sacroplasty), with or without a balloon or bone cement

CPT Codes

**0200T:** Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed

**0201T:** Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed

9. Transforaminal Lumbar Interbody Fusion (TLIF), which using endoscopy visualization (percutaneous)

## CPT Code

**22630:** Fusion of lower spine bone and partial removal of spine bone or disc through back, 1 disc. This is the base code for a single-level TLIF.

## Limitations

The following minimally invasive back surgeries listed above due to inadequate medical evidence showing they are clinically useful.

## CMS

Medicare does not have any National Coverage Determination \ Local Coverage Determinations (NCD\LCD's) for the CPT codes listed above

## Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

## Plans Covered By This Policy

### Commercial and Medicare

Considered experimental and investigational for all lines of business

## Sources Reviewed

Hayes

<https://evidence.hayesinc.com/>

CMS

[MCD Search](#)

Anand N, Alayan A, Cohen J, et al. Clinical and radiologic fate of the lumbosacral junction after anterior lumbar interbody fusion versus axial lumbar interbody fusion at the bottom of a long construct in CMIS treatment of adult spinal deformity. J Am Acad Orthop Surg Glob Res Rev. 2018 ;2(10):e067

Aldahshory AR, Mashaly H, El Molla ST, et al. Comparative study of minimally invasive lumbar decompression versus decompressive laminectomy with posterolateral transpedicular fixation for the treatment of degenerative Lumbar canal stenosis. Asian J Neurosurg. 2020; 15(2):293-301.

Bai X, Lian Y, Wang J, et al. Percutaneous endoscopic lumbar discectomy compared with other surgeries for lumbar disc herniation: a meta-analysis. *Medicine (Baltimore)*. 2021 Mar 5 ;100(9)

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Chang MC, Kim GU, Choo YJ, et al. Transforaminal lumbar interbody fusion (TLIF) versus oblique lumbar interbody fusion (OLIF) in interbody fusion technique for degenerative spondylolisthesis: a systematic review and meta-analysis. *Life (Basel)*. 2021 Jul 15;11(7):696

Decker I, Bakhaidar M, Shabana S, et al. Minimally invasive laparoscopic and robotic anterior lumbar interbody fusion: a systematic review and future directions. *BMC Surg*. 2025 May 21;25(1):219

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Zhu L, Cai T, Shan Y, et al. Comparison of clinical outcomes and complications between percutaneous endoscopic and minimally invasive transforaminal lumbar interbody fusion for degenerative lumbar disease: a systematic review and metanalysis. *Pain Physician*. 2021 Sep;24(6):441-4