**Decompressive Lumbar Laminectomy**

Blue Care Network provides coverage for lumbar discectomy spinal surgery for adult members who meet medical necessity criteria. Submit prior authorization requests through e-referral. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below. If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment. Payment is based on established claim edits. Compliance with this prior auth service will be monitored retrospectively.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>*63005</td>
<td>Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis</td>
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<tr>
<td>*63012</td>
<td>Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)</td>
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<tr>
<td>*63017</td>
<td>Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar</td>
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<tr>
<td>*63047</td>
<td>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar</td>
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<tr>
<td>*63056</td>
<td>Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)</td>
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1. If the patient is less than 18 years of age, select “yes” and submit the request without completing the rest of the questionnaire.
   - Yes, < 18 years
   - No, 18 years or older

2. Does the patient have:

3. At least ONE of the following symptoms: weakness or numbness or pain of BOTH legs OR bowel incontinence OR bladder dysfunction OR decreased rectal sphincter tone by exam OR “saddle anesthesia” (numbness in groin area)?
   - Yes
   - No

4. Low back pain AND lower extremity symptoms (pain, tingling or numbness) that WORSENS with walking OR spinal extension (backward bending) OR forward flexion (bending)?
   - Yes
   - No

5. Continued symptoms after BOTH appropriate non-steroidal anti-inflammatory drugs for at least 3 weeks (unless contraindicated/not tolerated) AND activity modification for at least 12 weeks?
   - Yes
   - No

6. Select the following findings by imaging (MRI, CT or Myelogram-CT). NOTE: If none of the findings apply or imaging has not been performed, you must select “None of the above.”
   - Disc bulging and degeneration
   - Spondylosis with degenerative changes
   - Spondylolisthesis (vertebrae displacement)
   - Spinal stenosis (narrowing of spinal canal)
   - None of the above

November 2013
Reference:
InterQual® 2012 Procedures Adult Criteria, Laminectomy, Lumbar, +/- Discectomy/Foraminotomy/Fusion.

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