## Protocol

### Automated Percutaneous and Endoscopic Discectomy

(70118)

(Formerly Automated Percutaneous Discectomy)

<table>
<thead>
<tr>
<th>Medical Benefit</th>
<th>Effective Date: 04/01/12</th>
<th>Next Review Date: 01/13</th>
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<tbody>
<tr>
<td>Preauthorization*</td>
<td>No</td>
<td>Review Dates: 02/07, 01/08, 01/09, 01/10, 01/11, 01/12</td>
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The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required but recommended if, despite this Protocol position, you feel this service is medically necessary; supporting documentation must be submitted to Use Management.** *Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.*

### Description

Percutaneous discectomy describes techniques by which disc decompression is accomplished by the physical removal of disc material rather than its ablation. Traditionally, discectomy and microdiscectomy are performed manually through an open incision. These techniques have been modified by the use of automated devices that involve placement of a probe within the intervertebral disc and aspiration of disc material using a suction cutting device. Removal of disc herniations under endoscopic visualization is also being evaluated.

### Background

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, a 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, although these techniques are not precisely targeted at the offending extruding disc material. Ablative techniques include laser discectomy and radiofrequency (RF) decompression. In addition, intradiscal electrothermal annuloplasty is another minimally invasive approach to low back pain. In this technique, RF energy is used to treat the surrounding disc annulus.

This Protocol addresses automated percutaneous and endoscopic discectomy, in which the disc decompression is accomplished by the physical removal of disc material rather than its ablation. Traditionally, discectomy is performed manually through an open incision, using cutting forceps to remove nuclear material from within the disc annulus. This technique has been modified by automated devices that involve placement of a probe within the intervertebral disc and aspiration of disc material using a suction cutting device. Endoscopic techniques may be intradiscal or may involve the extraction of non-contained and sequestered disc fragments from inside the spinal canal using an interlaminar or transforaminal approach. Following insertion of the endoscope, the decompression is performed under visual control.

### Regulatory Status

The Stryker DeKompressor Percutaneous Discectomy Probe (Stryker) and the Nucleotome (Clarus Medical) are examples of percutaneous discectomy devices that received clearance from the U.S. Food and Drug...
Administration (FDA) through the 510(k) process. Both have the same labeled intended use, i.e., “for use in aspiration of disc material during percutaneous discectomies in the lumbar, thoracic and cervical regions of the spine.”

A variety of endoscopes and associated surgical instruments have received marketing clearance through the FDA’s 510(k) process.

**Related Protocols:**

- Decompression of the Intervertebral Disc Using Laser Energy (Laser Discectomy) or Radiofrequency Coblation (Nucleoplasty)
- Percutaneous Intradiscal Electrothermal (IDET) Annuloplasty and Percutaneous Intradiscal Radiofrequency Annuloplasty

**Corporate Medical Guideline**

Percutaneous discectomy is considered investigational as a technique of intervertebral disc decompression in patients with back pain related to disc herniation in the lumbar, thoracic, or cervical spine.

Endoscopic discectomy is considered investigational as a technique of intervertebral disc decompression in patients with back pain related to disc herniation in the lumbar, thoracic, or cervical spine.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.

**References**

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.