



Medica Central Coverage Policy

Policy Name: Laser Spine Surgeries MP9768

Effective Date: 10/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Laser spine surgeries including, but not limited to, laser discectomy, laser foraminoplasty/foraminotomy, laser laminectomy/laminotomy, and facet laser ablation, are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Description

Traditional spine surgeries involve an incision along the spine and retraction of muscle to gain an adequate visual field. Established endoscopic, minimally-invasive spine surgeries involve using small incisions coupled with insertion of an endoscope equipped with a camera for maximizing visual field. Once the visual field is maximized, these endoscopic procedures employ traditional surgical techniques with the surgeon working from images transferred from the camera onto viewing monitors.

Laser spine surgery techniques differ from those used in established spine surgeries. When performing laser spine surgery, a small incision is made and the visual field around the spine remains limited. Under indirect visualization, the laser is used in combination with a small cannula and either threading a flexible quartz fiber through a large-bore needle or accessing the site using an endoscope. It is the intent that, by ablating the nerve endings and decreasing the size of the disks and surrounding structures, the sources of nerve sensitivity and pain will be eliminated. Laser spinal surgery has been purported for use in multiple spine surgery techniques, including (but not limited to) ablating bone spurs, herniated and bulging disks, and structures associated with spinal stenosis.

FDA Approval

Laser spine surgeries are procedures and are, therefore, not subject to FDA approval. Instruments used in these procedures are subject to FDA approval.



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Numerous lasers, endoscopes/arthroscopies, and associated supplies have received FDA approval.

1. An example of an endoscopic laser decompression kit indicated for cervical disc herniation is the Clarus Model 1100 Laser Endoscopic Decompression Kit (Clarus Medical LLC).
2. An example of a holmium:yttrium-aluminum garnet (Ho:YAG) laser indicated for discectomy is the Lumenis VersaPulse PowerSuite (Lumenis Inc.).

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Original Effective Date: 09/01/2024

Re-Review Date(s): 05/15/2024

05/15/2025

Administrative Update:

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