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April 2, 2019

Jeffrey C. Wang, MD, President
North American Spine Society
7075 Veterans Blvd.
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SUBJECT: NASS Draft Model Coverage Policy on Lumbar Discectomy

Dear Dr. Wang:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS) and the AANS/CNS Joint Section on Disorders of the Spine and Peripheral Nerves (DSPN), we appreciate the opportunity to comment on the North American Spine Society's draft model coverage policy recommendation for lumbar discectomies. Lumbar discectomy is one of the most common procedures performed in spinal surgery, and coverage recommendations may have a significant impact on the practice of spinal surgery in the United States.

The draft coverage policy states that the indications for performing a lumbar discectomy include infection of the disc space, cauda equina syndrome or radiculopathy. The main indication for surgical intervention is a herniated disc with worsening neurologic motor function, weakness, bowel or bladder dysfunction (i.e., cauda equina). Radiculopathy causing severe pain should expedite surgical intervention, forgoing a trial of non-operative management — including epidural steroid injection. The policy does leave the option of monitoring some milder deficits that have been stable or slowly improving. While we are generally in agreement with the proposal, we would recommend the following revisions to the draft policy:

- **Exceptions to Period of Conservative Care.** On page 3, items 3c, i and ii, the draft policy includes factors that would mitigate the need for non-operative therapy prior to surgical intervention. Listed are severe pain forcing bedrest or preventing work and unresponsive to appropriate injections and herniation resulting in functionally limiting motor weakness. We would recommend that any neurological deficit, including sensory loss, be listed as mitigating the need for conservative treatment.

- **Endoscopic Assisted Discectomy.** On page 3, in the second paragraph under "Scope and Clinical Indications," we would recommend that endoscopic assisted discectomy be included with the other techniques mentioned, in order to prevent the unintended consequence of payors inappropriately excluding certain surgical techniques from coverage.

- **Indications for Discectomy.** At the bottom of page 3, the policy states that isolated axial back pain is not an indication for lumbar discectomy if it is only associated with disc degeneration with or without annular tears, in the absence of a disc herniation. In the situation of axial back pain

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without radiculopathy for degenerative disc disease, we agree that discectomy in most cases would not be the procedure of choice, and fusion may be more appropriate.

However, we are concerned that the policy states that "discectomy is NOT indicated... for treatment of isolated axial pain in the presence of a disc herniation." Some patients may have disc herniations that are centrally located and functionally will cause lumbar stenosis. In this case, the presentation may be isolated axial back pain with claudication, but would not necessarily include radiculopathy. We would recommend revising this portion of the coverage policy to include discectomy for patients who have symptoms of claudication. As currently written, patients who have a central disc herniation presenting with axial back pain without radiculopathy, but with claudication, would be excluded from surgical treatment.

- **Technical Correction.** Finally, on page 4, in item 1, there is a typographical error. We believe the intention was to say, "lumbar discectomy" instead of "lumbar fusion."

Conclusion

Thank you for the opportunity to express our views. We share the common interest of preserving access to surgical spinal treatment for appropriately selected patients who would benefit from lumbar discectomy.

Sincerely,

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