



Thermal Intradiscal Procedures

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P&P # C.5.22

Policy

The Medical Management Department reviews referral requests for authorization of thermal intradiscal procedures.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

Based on the evaluation of medical literature, the safety, efficacy, and long-term outcomes; thermal intradiscal procedures in the treatment of patients with chronic discogenic low back pain or other indications are considered experimental or investigational. Thermal intradiscal procedures include the following (not an all-inclusive list):

- Annulo-nucleoplasty (The Disc-FX procedure)
- Cervical intradiscal radiofrequency lesioning
- Coblation percutaneous disc decompression
- Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency
- Intradiscal electrothermal annuloplasty (IEA)
- Intradiscal electrothermal therapy (IDET)
- Intradiscal thermal annuloplasty (IDTA)
- Nucleoplasty (also known as percutaneous radiofrequency thermomodulation or percutaneous plasma discectomy)
- Percutaneous (or plasma) disc decompression (PDD)
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)/intradiscal radiofrequency thermomodulation/percutaneous radiofrequency thermomodulation
- Radiofrequency annuloplasty (RA)
- Targeted disc decompression (TDD)

CPT CODES NOT COVERED:

22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance, single level.
22527	1 or more additional levels.
22899	Unlisted procedure, spine.

REFERENCES:

CMS Pub 100-03 Medicare National Coverage Determinations Manual; Chapter 1, Part 2, Section 150.11 Thermal Intradiscal Procedures (TIP).

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