



CLINICAL GUIDELINES

CMM-308 ~ Thermal Intradiscal Procedures

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-308~Thermal Intradiscal Procedures

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CMM-308~Thermal Intradiscal Procedures

CMM-308.1 Definitions

- ✓ **Thermal intradiscal procedures** are minimally invasive surgical procedures which involve the percutaneous placement of an intradiscal probe into the suspected painful disc(s) and through the use of radiofrequency energy or electrothermal energy, produce heat to either coagulate and/or disrupt (shrink) type I collagen within the disc for decompression of the disc material. The goal of thermal intradiscal procedures is to treat symptomatic patients with annular disruption of contained herniated disc, to seal annular tears or fissures, or destroy nociceptors for the purpose of relieving pain. These techniques include those that use single or multiple probes/catheters, which utilize a resistance coil or other delivery system technology, are flexible or rigid, and are placed within the nucleus, the nuclear-annular junction or the annulus.

CMM-308.2 General Guidelines

- ✓ The use of thermal intradiscal procedures are considered **not medically necessary**. This decision is based on the lack of conclusive scientific evidence demonstrating the clinical efficacy of thermal intradiscal procedures such as intradiscal electrothermal therapy (IDET), intradiscal thermal annuloplasty (IDTA), percutaneous intradiscal radiofrequency thermocoagulation (PIRFT), radiofrequency annuloplasty (RA), and percutaneous disc decompression (PDD) (aka Coblation nucleoplasty), combined with the potential to expose patients to serious adverse side effects or complications.

CMM-308.3 Procedure (CPT®) Codes

| This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor. | |
|--|---|
| CPT® | Code Description/Definition |
| 22526 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level |
| 22527 | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure) |
| 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar |
| 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar |
| 0274T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (e.g., fluoroscopy, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic |
| 0275T | Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (e.g., fluoroscopy, CT), single or multiple levels, unilateral or bilateral; lumbar |
| This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so. | |

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