CLINICAL GUIDELINES

CMM-308: Thermal Intradiscal Procedures

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Clinical guidelines for medical necessity review of speech therapy services.

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CMM-308: Thermal Intradiscal Procedures

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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.
- **Thermal intradiscal procedures** include, but are not limited to:
  - Annulo-nucleoplasty (The Disc-FX procedure)
  - Cervical intradiscal radiofrequency lesioning
  - Coblation percutaneous disc decompression
  - Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency
  - Indradiscal 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)

CMM-308.2: Non-indications

- Based on the lack of conclusive scientific evidence demonstrating the clinical efficacy of thermal intradiscal procedures and the potential to expose patients to serious adverse side effects or complications, the use of thermal intradiscal procedures are considered **not medically necessary**.

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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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CMM-308.4: References

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