



CLINICAL GUIDELINES

CMM-401: Discography

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. 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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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM 401: Discography

Definitions**General Guidelines****Indications****Non-Indications****Procedure (CPT[®]) Codes****References**

Definitions

- **Behavioral yellow flags:** an active or history of substance abuse, depression, dissatisfaction with work, job disability, or anxiety diagnosis.
- **Clinically Meaningful Improvement:** a global assessment showing at least 50% improvement, or pain relief with a two (2) point drop in VAS pain scale (where 10 is the worst pain imaginable and 0 is no pain at all).
- **Discography:** a diagnostic procedure in which a contrast material (dye) with or without saline is injected into the nucleus pulposus of a disc. It has been used to justify the need for surgical intervention to treat back or neck pain. The general intent is to determine whether the disc is the source of pain (i.e., a diagnosis of discogenic pain) in patients with predominantly axial back or neck pain. Discography is presumed to yield two results:
 - ◆ Pain provocation (provocative discography) - whether the patient's typical pain was reproduced by the injection of the contrast material (dye) with or without saline
 - ◆ Morphology - whether the contrast material (dye) images an abnormal pattern of the disc (e.g., annular tears, disc herniation) often based on a computed tomography (CT) scan.
- **Red Flags:** comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy. **ANY** of the following are considered to be red flag conditions:
 - ◆ Suspected unstable fractures of the spine which may be evidenced by a history of a recent fall or injury, and major motor weakness of a limb, or progressive neurological deficits, or bladder or bowel dysfunction.
 - ◆ History of cancer with suspicion of metastatic spread which may be evidenced by major motor weakness of a limb, or pain which increases at night or at rest, or progressive neurological deficits, or bladder or bowel dysfunction, or unexplained weight loss of more than 10 pounds in 6 weeks.
 - ◆ Infection with suspicion of an epidural abscess/discitis which may be evidenced by progressive neurological deficits, or fever of 100.4 for more than 48 hours, and C-reactive protein >10 mg/L, or recent (within 2 weeks) interventional spine procedures, or ESR >20 mm/hr, or immunocompromised (either immunodeficiency from any cause or IV drug abuse).
 - ◆ Cauda equina syndrome which may be evidenced by bladder or bowel dysfunction, or saddle anesthesia, or progressive neurological deficits.

General Guidelines

Application of Guideline

- The determination of medical necessity for the performance of a discography is always made on a case-by-case basis.
- A post-discography CT scan is automatically approved as an add-on.

Injectates

- Discography must be performed with contrast agent (with or without saline)
 - ◆ Please see **Non-Indications** for other injectates (e.g., steroid, biologics [platelet rich plasma, stem cells, amniotic fluid])

Indications

A diagnostic discography is considered **medically necessary** when it is an authorized benefit coverage for a planned discography.

Discography as a provocative diagnostic test for axial pain is considered **medically necessary** when **ALL** of the following are met:

- Absence of red flag conditions
- Less than clinically meaningful improvement (as defined in **Defintions**) for at least 6 weeks which includes **BOTH** of the following:
 - ◆ NSAIDS and/or muscle relaxants
 - ◆ Conservative self-care (muscle stretching, regular exercise) or prescribed physical therapy core strengthening program
- Pain pattern and physical examination suggesting disc disease as evidenced by **ALL** of the following:
 - ◆ Subacute axial pain > 12 weeks
 - ◆ Axial pain worsening with upright posture
 - ◆ Absence of signs and symptoms of radiculopathy
 - ◆ Absence of trigger points in affected area
 - ◆ Absence of signs and symptoms of sacroiliac joint dysfunction
- Advanced imaging rules out other causes of pain such as facet joint disease
- Advanced imaging suggestive of disc damage as evidenced by **ANY** of the following:
 - ◆ Annular tears
 - ◆ Contained disc herniation
 - ◆ High intensity zones
- Absence of centralized pain syndromes, (e.g. fibromyalgia, multicentric pain syndromes)
- Evidence of **BOTH** of the following for patients with chronic pain where there has been continuous opiate usage for 3 months or longer:
 - ◆ Co-management of behavioral health and medical conditions
 - ◆ A plan to address potential opiate overuse or abuse
- Must be performed coincident with a surgical procedure that includes a discectomy
 - ◆ **Note:** Must include coordination with a physician who may perform the succeeding covered therapeutic procedure
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- Performed by **EITHER** the interventional pain physician or a supervising radiologist

Non-Indications

Not Medically Necessary

- The performance of a discography procedure in the presence of **ANY** red flag condition (as noted in **Defintions**) is considered **not medically necessary**.
- A diagnostic disography performed without meeting the requirements listed underneath the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered not medically necessary.

Experimental, Investigational, or Unproven (EIU)

- Functional anesthetic discography is considered **experimental investigational, or unproven (EIU)**.
- Discography performed with the use of injectates other than contrast (dye) with or without saline is considered **experimental, investigational, or unproven (EIU)**.

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
62290	Injection Procedure for Discography Each Level; Lumbar
62291	Injection Procedure for Discography Each Level; Cervical or Thoracic
72285	Discography, cervical or thoracic, radiological supervision and interpretation
72295	Discography, lumbar, radiological supervision and interpretation

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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