



CLINICAL GUIDELINES

CMM-401: Discography

Version 1.0

Effective July 1, 2021



Definitions

Discography is a diagnostic procedure in which a contrast material (dye) 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)
- ◆ 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 indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive therapy.

Behavioral yellow flags are defined as an active or history of substance abuse, depression, dissatisfaction with work, job disability, or anxiety diagnosis.

Clinically meaningful improvement is a global assessment showing at least 50% improvement, or pain relief is defined as a two (2) point drop in VAS pain scale where 10 is the worst pain imaginable and 0 is no pain at all.

General Guidelines

Any of the following are considered to be red flags and the request for discography should go to medical review:

- ◆ 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.

A post-discography CT scan is automatically approved as an add-on.

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 for at least 6 weeks which includes both of the following:
 - ◆ NSAIDS and/or muscle relaxants
 - ◆ Conservative self-care (muscle stretching, over the counter medications, regular exercise) or prescribed physical therapy core strengthening program
- Pain pattern and/or 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 radicular pain
 - ◆ Absence of trigger points in affected area
 - ◆ Absence of signs and symptoms of sacroiliac joint dysfunction
- Facet joint disease has been evaluated and ruled out
- 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, 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
- Coordination with a physician who may perform the succeeding covered therapeutic procedure

Non-Indications

- The performance of a discography procedure in the presence of any red flag condition (see **CMM-401: General Guidelines**) is considered **not medically necessary**.
- The performance of functional anesthetic discography is considered **experimental investigational, or unproven**.
- Chemonucleolysis is considered inclusive with a discography procedure and is considered **not medically necessary** as a separate procedure.

- A diagnostic discography is considered **not medically necessary** for either of the following:
 - ◆ Not coincident with a surgical procedure that includes a discectomy
 - ◆ Not performed by both the surgeon and a supervising radiologist

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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