Cigna Medical Coverage Policies – Musculoskeletal Intradiscal Procedures

Effective July 1, 2025

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five digit codes, nomenclature and other data are copyright 2025 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

©Copyright 2025 eviCore healthcare

CMM-308: Intradiscal Procedures

Definitions
General Guidelines
Non-Indications
Codes (CMM-308)
References (CMM-308)

©2025 EviCore by EVERNORTH

400 Buckwalter Place Boulevard, Bluffton, SC 29910 (800) 918-8924 www.EviCore.com

Definitions

- **Intradiscal Procedures**: minimally invasive surgical procedures with the goal of to treat symptomatic individuals with discogenic pain attributed to annular disruption of contained herniated disc, to seal annular tears or fissures, or to destroy nociceptors for the purpose of relieving pain. These procedure techniques can include any of the following methods:
  - 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 (TIPs)
  - The injection of agents into the nucleus pulposus or annulus of the disc to decompress disc material
  - Percutaneous procedures to decompress disc material using indirect/direct visualization.
- **Thermal Intradiscal Techniques**: intradiscal procedure techniques that use single or multiple probes/catheters. They further utilize a resistance coil or other delivery system technology, are flexible or rigid, and are placed within the nucleus pulposus, the nuclear-annular junction or within the annulus.

General Guidelines

- Intradiscal procedures include, but are not limited to, the following:
  - Annulo-nucleoplasty (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)
  - Intradiscal injections (not an all-inclusive list) (e.g., methylene blue, hyaluronate, ozone, oxygen/ozone, bone marrow concentrate, chymopapain, platelet rich

plasma [PRP], mesenchymal stem cells, glucocorticoids, hyaluronidase, growth factors, etc.)

Non-Indications

- Intradiscal procedures are considered **experimental, investigational, or unproven (EIU)** based on the lack of conclusive scientific evidence demonstrating clinical efficacy.
  - In addition, there is the potential to expose individuals to serious adverse side effects or complications.

Codes (CMM-308)

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	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
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
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

Code	Code Description/Definition
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
+0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
+0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

©2025 EviCore by EVERNORTH

400 Buckwalter Place Boulevard, Bluffton, SC 29910 (800) 918-8924

References (CMM-308)

1. Akeda K, Ohishi K, Masuda K, et al. Intradiscal injection of autologous platelet-rich plasma releasate to treat discogenic low back pain: a preliminary clinical trial. *Asian Spine J*. 2017;11(3):380-389.
2. Airaksinen O, Brox J, Cedraschi C, et al. On behalf of the COST B13 Working Group on Guidelines for Chronic Low Back Pain. CH-4: European guidelines for the management of chronic nonspecific low back pain. *Eur Spine J*. 2006;15(Suppl 2):s192-s300.
3. American College of Occupational and Environmental Medicine. *Occupational Medicine Practice Guideline*. 2nd ed. 2008.
4. American Medical Association. *Current Procedural Terminology*–Professional Edition.
5. Andersson GB, Mekhail NA, Block JE. Treatment of intractable discogenic low back pain. A systematic review of spinal fusion and intradiscal electrothermal therapy (IDET). *Pain Physician*. 2006;9(3):237-248.
6. Appleby D, Andersson G, Totta M. Meta-analysis of the efficacy and safety of intradiscal electrothermal therapy (IDET). *Pain Med*. 2006;7(4):308-316.
7. Barendse G, van Den Berg S, Kessels A, et al. Randomized controlled trial of percutaneous intradiscal radiofrequency thermocoagulation for chronic low back pain: lack of effect from a 90 second 70 C lesion. *Spine* 2001;26(3):287-292.
8. Bogduk N, Karasek M, Two-year follow-up of a controlled trial of intradiscal electrothermal anuloplasty for chronic low back pain resulting from internal disc disruption, *Spine J*. 2002;2(5):343-350. doi: 10.1016/s1529-9430(02)00409-6.
9. Boswell M, Trescot A, Datta S, et al. American Society of Interventional Pain Physicians. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician*. 2007;10:7-111.
10. Canseco J, Kanhere A, Schroeder G, Vaccaro A, Kepler C. Intradiscal Therapies for Lumbar Degenerative Disk Disease. *JAAOS*. 2022;30(17):e1084-e1094. doi:10.5435/jaaos-d-21-01155.
11. Chou L, Lew H, Coelho P, Slipman C. Intradiscal electrothermal annuloplasty. *Am J Phys Med Rehabil*. 2005;84(7):538-549.
12. Chou R. American Pain Society; American College of Physicians. *Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for a clinical practice guideline. Recommendations on surgery and interventional treatments*. American Pain Society 27th Annual Scientific Meeting: Symposium 312. Presented May 8, 2008.
13. Cohen S, Williams S, Kurihara C, et al. Nucleoplasty With or Without Intradiscal Electrothermal Therapy (IDET) as a Treatment for Lumbar Herniated Disc. *J Spinal Disord Tech*. 2005;18:S119-S124.
14. Dall'olio M, Princiotta C, Cirillo L, et al. Oxygen-ozone therapy for herniated lumbar disc in patients with subacute partial motor weakness due to nerve root compression. *Intervent Neuroradiol*. 2014;20:547-554. doi: 10.15274/INR-2014-10078.
15. Davis TT, Delamarter RB, Sra P, Goldstein TB. The IDET procedure for chronic discogenic low back pain, *Spine. (Phila Pa 1976)*. 2004;29(7):752-756.doi: 10.1097/01.brs.0000119403.11472.40.
16. Derby R, Baker R, Lee C, Anderson P. Evidence-informed management of chronic low back pain with intradiscal electrothermal therapy. *Spine J*. 2008;8:80-95.
17. Freeman B, Fraser R, Cain C, et al. A randomized, double-blind, controlled trial. Intradiscal electrothermal therapy versus placebo for the treatment of chronic discogenic low back pain. *Spine*. 2005;30(21):2369-2377.
18. Freeman BJ. IDET: a critical appraisal of the evidence. *Eur Spine J*. 2006;15(Suppl 3):S448-S457. doi: 10.1007/s00586-006-0156-2.
19. Gerszten P, Welch W, McGrath P, et al. A prospective outcomes study of patients undergoing intradiscal electrothermy (IDET) for chronic low back pain. *Pain Physician*. 2002;5(4):360-364.
20. Gibson J, Waddell G. Surgery for degenerative lumbar spondylosis: updated Cochrane Review. *Spine*. 2005;30(20):2312-220.
21. Grewal H, Grewal BS, Patel R. Nonsurgical interventions for low back pain. *Prim Care Office Pract*. 2012:517-523.
22. Hashemi M, Poorfarokh M, Mohajerani SA, et al. Injection of intradiscal O2-O3 to reduce pain and disability of patients with low back pain due to prolapsed lumbar disk. *Anesth Pain Med*. 2014;4(5):e19206. doi: 10.5812/aapm.19206.
23. Heary R. Intradiscal electrothermal annuloplasty: the IDET procedure. *J Spinal Disord*. 2001;14(4):353-360.
24. Kallewaard JW, Geurts JW, Kessels A, et al. Efficacy, safety, and predictors of intradiscal methylene blue injection for discogenic low back pain: results of a multicenter prospective clinical series. *Pain Pract*. 2016;16(4):405-412.
25. Kapural L, Hayek S, Malak O, et al. Intradiscal thermal annuloplasty versus intradiscal radiofrequency ablation for the treatment of discogenic pain: a prospective matched trial. *Pain Med*. 2005;6(6):425-431.

26. Kapural L, Mekhail N, Korunda Z, Basali A. Intradiscal thermal annuloplasty for the treatment of lumbar discogenic pain in patients with multilevel degenerative disc disease. *Anesth Analg*. 2004;99:472-476.
27. Karasek M, Bogduk N. Twelve-month follow-up of a controlled trial of intradiscal thermal annuloplasty for back pain due to internal disc disruption. *Spine*. 2000;25(20):2601-2607.
28. Kirchner F, Anitua E. Intradiscal and intra-articular facet infiltrations with plasma rich in growth factors reduce pain in patients with chronic low back pain. *J Craniovertebr Junction Spine*. 2016;7(4):250-256. doi: 10.4103/0974-8237.193260.
29. Kloth D, Fenton D, Andersson G, Block J. Intradiscal electrothermal therapy (IDET) for the treatment of discogenic low back pain: patient selection and indications for use. *Pain Physician*. 2008;11:659-668.
30. Kristen C, Robert S, Michelle P. Effects of the intradiscal implantation of stromal vascular fraction plus platelet rich plasma in patients with degenerative disc disease. *J Transl Med*. 2017;15(1):12. doi:10.1186/s12967-016-1109-0.
31. Kumar H, Ha DH, Eun-Jong L, et al. Safety and tolerability of intradiscal implantation of combined autologous adipose-derived mesenchymal stem cells and hyaluronic acid in patients with chronic discogenic low back pain: 1-year follow-up of a phase 1 study. *Stem Cell Res Ther*. 2017;8:262. doi:10.1186/s13287-017-0710-3.
32. Levi D, Horn S, Tyszko S, et al. Intradiscal platelet-rich plasma injection for chronic discogenic low back pain: preliminary results from a prospective trial. *Pain Med*. 2016;17:1010-1022. doi:10.1093/pm/pnv053.
33. Lutz C. Lutz G, Cooke P. Treatment of chronic lumbar discogenic pain with intradiskal electrothermal therapy: a prospective outcome study. *Arch Phys Med Rehabil*. 2003;84:23-28.
34. Magalhaes F, Dotta L, Sasse A, et al. Ozone therapy as a treatment for low back pain secondary to herniated disc: a systematic review and meta-analysis of randomized controlled trials. *Pain Physician*. 2012;15:E115-E129.
35. Monfett M, Harrison J, Boachie-Adjei K, et al. Intradiscal platelet-rich plasma (PRP) injections for discogenic low back pain: an update. *International Orthop*. 2016;40:1321-1328. doi:10.1007/s00264-016-3178-3.
36. Nguyen C, Boutron I, Baron G, et al. Intradiscal glucocorticoid injection for patients with chronic low back pain associated with active discopathy: a randomized trial. *Ann Intern Med*. 2017;166(8):547-556.doi:10.7326/M16-1700.
37. Pauza K, Howell S, Dreyfuss P, et al. A randomized, placebo-controlled trial of intradiscal electrothermal therapy (IDET) for the treatment of discogenic low back pain. *Spine J*. 2004;4(1):27-35.
38. Pettine K, Suzuki RK, Sand TT, et al. Autologous bone marrow concentrate intradiscal injection for the treatment of degenerative disc disease with three-year follow-up. *International Ortho*. 2017;41:2097-2103. doi: 10.1007/s00264-017-3560-9.
39. Saal J, Saal J. Intradiscal electrothermal therapy for the treatment of chronic discogenic low back pain. *Clin Sports Med*. 2002;21(1):167-187.
40. Saal J, Saal JS. Intradiscal electrothermal treatment for chronic discogenic low back pain: a prospective outcome study with minimum 1-year follow-up. *Spine*. 2000;25(20):2622-2627.
41. Saal J, Saal J. Intradiscal electrothermal treatment for chronic discogenic low back pain: prospective outcome study with a minimum 2-year follow-up. *Spine*. 2002;27(9):966-974.
42. Saal J, Saal J. Management of chronic discogenic low back pain with a thermal intradiscal catheter. A preliminary report. *Spine*. 2000;25(3):382-388.
43. Schepers MO, Groot D, Kleinjan EM, Pol MM, Mylenbusch H, Klopper-Kes AHJ. Effectiveness of intradiscal platelet rich plasma for discogenic low back pain without Modic changes: a randomized controlled trial. Interv *Pain Med*. 2022;1(1):100011. doi:10.1016/j.inpm.2022.100011.
44. Schneider B, Hunt C, Conger A, et al. The effectiveness of intradiscal biologic treatments for discogenic low back pain: a systematic review. *Spine J*. 2022;22(2):226-237. doi:10.1016/j.spinee.2021.07.015.
45. Stanos S. New Clinical Practice Guidelines on Low Back Pain. *APS Bulletin*. 2007;18(2).
46. Urrútia G, Kovacs F, Nishishinya M, Olabe J. Percutaneous thermocoagulation intradiscal techniques for discogenic low back pain. *Spine*. 2007;32(10):1146-1154.
47. Webster B, Verma S, Pransky G, Outcomes of workers' compensation claimants with low back pain undergoing intradiscal electrothermal therapy, *Spine*. 2004;29(4):435-441.
48. Wetzel F, McNally T, Phillips F. Intradiscal electrothermal therapy used to manage chronic discogenic low back pain: new directions and interventions. *Spine*. 2002;27(22):2621-2626.
49. Wetzel F, McNally T. Treatment of chronic discogenic low back pain with intradiskal electrothermal therapy. *J Am Acad Orthop Surg*. 2003;11(1):6-11.
50. Yang C, Zhang L, Sun Z, et al. Acute prevertebral abscess secondary to intradiscal oxygen-ozone chemonucleolysis for treatment of a cervical disc herniation. *J Int Med Res*. 2018;46(6):2461-2465. doi:10.1177/0300060518764186.
51. Zhang X, Hao J, Hu Z, et al. Clinical evaluation and magnetic resonance imaging assessment of intradiscal methylene blue injection for the treatment of discogenic low back pain. *Pain Physician*. 2016;19:E1189-E1195.

©2025 EviCore by EVERNORTH

400 Buckwalter Place Boulevard, Bluffton, SC 29910 (800) 918-8924 www.EviCore.com