

Cigna Medical Coverage Policies – Musculoskeletal Discography

Effective February 25, 2026



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.

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CMM 401: Discography

Definitions**General Guidelines****Indications****Non-Indications****Codes (CMM-401)****References (CMM-401)**

Definitions

- **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 individuals with predominantly axial back or neck pain. Discography is presumed to yield two results:
 - ◆ Pain provocation (provocative discography): whether the individual'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.
- Discography results will not be used as a determining factor of medical necessity for any requested procedure.
- A post-discography CT scan is automatically approved as an add-on.

Injectates

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

Indications

Lumbar discography as a provocative diagnostic test for axial pain is considered **medically necessary** when **ALL** of the following criteria have been met:

- Absence of red flag conditions
- Less than clinically meaningful improvement (as defined in **Defintions**) for at least six (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)
- Performed by **EITHER** the interventional pain physician or a supervising radiologist

Non-Indications

Not Medically Necessary

- A diagnostic lumbar discography performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- The performance of a lumbar discography procedure in the presence of **ANY** red flag condition (as noted in **Definitions**) is considered **not medically necessary**.
- Lumbar discography performed with the use of injectates other than contrast (dye) with or without saline is considered **not medically necessary**.
- Cervical discography is considered **not medically necessary**.
- Thoracic discography is considered **not medically necessary**.

Experimental, Investigational, or Unproven (EIU)

- Functional anesthetic discography is considered **experimental investigational, or unproven (EIU)**.

Codes (CMM-401)

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
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

References (CMM-401)

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