



CLINICAL GUIDELINES

CMM-401: Discography

Effective: August 04, 2026

VERSION 1.0.2026



EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging 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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Definitions

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Definitions

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a global assessment showing at least 50% pain relief or a two (2) point drop in VAS pain scale (where 10 is the worst pain imaginable and zero (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 treatment. 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 six (6) weeks.
- infection with suspicion of an epidural abscess/discitis which may be evidenced by progressive neurological deficits, or fever of 100.4°F for more than 48 hours, and C-reactive protein >10mg/L, or recent (within two [2] weeks) interventional spine procedures, or erythrocyte sedimentation rate (ESR) >20mm/hr, or immunocompromised (either immunodeficiency from any cause or IV drug abuse).
- cauda equina syndrome which is evidenced by bladder or bowel dysfunction, or saddle anesthesia, or progressive neurological deficits.

General Guidelines

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General Guidelines

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

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

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Indications

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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 **Definitions**) despite BOTH of the following:
 - nonsteroidal anti-inflammatory drugs (NSAIDs) and/or muscle relaxants for at least six (6) weeks
 - conservative self-care (muscle stretching, regular exercise) or prescribed physical therapy core strengthening program for at least six (6) weeks
- Pain pattern and physical exam suggest 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
- Absence of centralized pain syndromes (e.g., fibromyalgia, multicentric pain syndromes)
- 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 findings:
 - annular tears
 - contained disc herniation
 - high-intensity zones
- Performed by EITHER the interventional pain physician or a supervising radiologist

Non-Indications

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Non-Indications

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Not Medically Necessary

- Lumbar discography performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- Lumbar discography performed in the presence of ANY red flag condition (as noted in **Definitions**) is considered **not medically necessary**.
- Lumbar discography performed with injectates other than contrast (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**.

Codes (CMM-401)

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Codes (CMM-401)

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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

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