

CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL CMM-308: Intradiscal Procedures

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EviCore
By EVERNORTH

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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the [Cigna CPT code list](#) for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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Definitions

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CMM-308: Intradiscal Procedures

Definitions

CMM.PN.DF.308**v1.0.2026****Intradiscal Procedures**

minimally invasive surgical procedures with the goal of treating 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 (thermal intradiscal procedures [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.

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General Guidelines

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Intradiscal Procedures

- Intradiscal procedures include, but are not limited to, the following:
 - Annulo-nucleoplasty (Disc-FX® procedure)
 - Cervical intradiscal radiofrequency lesioning
 - Coblation percutaneous disc decompression
 - Hydrodiscectomy (high pressure water to remove disc material)
 - 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)
 - Automated percutaneous lumbar discectomy (APLD)
 - Percutaneous laser disc decompression (PLDD)
 - 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 concentrates, chymopapain, mesenchymal stem cells, glucocorticoids, hyaluronidase, growth factors, etc.)

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.

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Non-Indications

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Experimental, Investigational, or Unproven (EIU)

- Intradiscal procedures are considered **experimental, investigational, or unproven** 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)

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Codes (CMM-308)

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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
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
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

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Code	Code Description/Definition
+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

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