

**Policy: MP223**

**Section: Medical Benefit Policy**

**Subject: Discography**

### **I. Policy:** Discography

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Discography

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### **Medicaid Business Segment**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:**

Discography or provocative discography is an invasive diagnostic procedure that uses x-rays to examine the intervertebral discs of the spine. A dye is injected into the injured disc or series of discs. The dye makes the disc visible on a fluoroscope monitor and x-ray film. Discograms are used to locate precisely which discs are damaged and are causing back pain.

Functional anesthetic discography (FAD) is a diagnostic procedure that involves injecting an anesthetic agent directly into a spinal disc. During this procedure, under light sedation and x-ray guidance, a small catheter is inserted into the suspected disc and anchored in place with a small balloon. After recovering from light sedation, the patient is asked to engage in physical activity to reproduce pain. Local anesthetic is then injected in the disc believed to be causing the patient's pain. Reduction in pain is considered diagnostic. If the injection into a specific disc relieves the patient's back pain, the disc can be further evaluated for potential treatment. If the test does not relieve the patient's pain, the physician can investigate other possible causes of pain.

**INDICATIONS:**

Lumbar provocative discography is considered medically necessary for evaluation for disc pathology in members with persistent, severe low back pain and abnormal vertebral interspaces on magnetic resonance imaging, when surgical intervention is being considered.

**EXCLUSIONS:** The Plan does **NOT** provide coverage for the use of functional anesthetic discography (FAD) because it is considered **experimental, investigational or unproven**. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

The Plan does **NOT** provide coverage for the use of cervical and thoracic provocative discography because it is considered **experimental, investigational or unproven**. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established tests or technologies.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, will be evaluated on a case by case basis.

**CODING ASSOCIATED WITH:** Functional Anesthetic Discography

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

62290 Injection procedure for discography, each level; lumbar

62291 Injection procedure for discography, each level; cervical or thoracic

62292 Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar

72285 Discography, cervical or thoracic, radiological supervision and interpretation

72295 Discography, lumbar, radiological supervision and interpretation

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

Geisinger Technology Assessment Committee Triage Group. Functional anesthetic discography (FAD). November 2008.

U.S. Food and Drug Administration. Functional Anesthetic Discography System. 510(k) Summary. K043500. Apr 15, 2005. <http://www.fda.gov/cdrh/pdf4/K043500.pdf>

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Alamin T, Malek F, Carragee E, et al. The functional anaesthetic discogram: Description of a novel diagnostic technique and report of 3 cases. *SAS Journal*. 2008;2:107-113

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ECRI Institute. Hotline. Discyphor Catheter System (Kyphon/Medtronic) for Functional Anesthetic Discography. 5/19/2014

Takano M, Hikata T, Nishimura S, Kamata M. Discography aids definitive diagnosis of posterior epidural migration of lumbar disc fragments: case report and literature review. *BMC Musculoskelet Disord*. 2017;18(1):151

Staatjes VE, Vergroesen PA, Zeilstra DJ, Schröder ML. Identifying subsets of patients with single-level degenerative disc disease for lumbar fusion: The value of prognostic tests in surgical decision making. *Spine J*. 2018;18(4):558-566.

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Waldrop G, Trent G, Dagher AP, et al. The association between magnetic resonance imaging disc pathology and provocative discography at the lumbar level. *J Comput Assist Tomogr*. 2021;45(1):146-150

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 11/19/08

**Revised:** 3/20 (revise title, add content)

**Reviewed:** 12/09, 12/10, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17, 1/18, 1/19, 1/20, 3/21, 3/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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