



MEDICAL COVERAGE POLICY

SERVICE: Discography

Policy Number: 072

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Discography, either provocative or for analysis and mapping (see CPT codes below), is considered experimental and investigational and **NOT** medically necessary.

Discography, as part of an injection procedure for chemonucleolysis, may be medically necessary as determined by eviCore® medical review (CPT code 62292).

OVERVIEW: Discography is a procedure in which contrast is injected, under fluoroscopy, into the nucleus of a disc thought to be the cause of a patient's low back pain. Discography is considered positive if it demonstrates an annular disruption verified by contrast coming through tears in disc, and if it reproduces the patient's usual back pain.

The value of this test is controversial because of the absence of a clearly defined "gold-standard" reference test, multiple complications, and difficulty in identifying patients in whom interventions showed better outcomes. Discography has a high false positive rate, even with methods utilized to reduce this, and has a significant false positive rate in asymptomatic individuals.

Possible complications of discography include discitis, headache, worsening of chronic back pain, accelerated disc degeneration, and disc herniation.

American Society of Interventional Pain Physicians (ASIPP): The ASIPP issued an update of its evidence-based guidelines for interventional techniques in chronic spinal pain (2013). In regards to the clinical utility of discography, the ASIPP issued the following recommendations:

- Provocation discography continues to be controversial with respect to diagnostic accuracy and its impact on surgical volume.



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- Proponents of discography claim that the rationale is well established, and discography is helpful in patients with low back pain (LBP) to acquire information about the structure and sensitivity of their lumbar discs and to make informed decisions about treatment and modifications of activity.
- Opponents of discography contend that escalating numbers of unnecessary fusions have been performed in the United States each year for indications of discogenic pain.
- Discography is an invasive diagnostic test that should only be applied to patients with chronic LBP in whom one suspects a discogenic etiology and an appropriate treatment is available.
- To be valid, provocation discography must be performed utilizing strict criteria of having concordant pain in 1 disc with at least 2 negative control discs.
- In the ASIPP management algorithm for chronic LBP, discography is suggested following clinical evaluation indicating that facet joint blocks or sacroiliac joint blocks were negative.

MANDATES: There are no mandated benefits or regulatory requirements for coverage for this service.

CMS: There is no National Coverage Determination (NCD) or Local Coverage Determinations (LCD) that addresses discography for diagnosing low back pain.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Covered:	62292 Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
CPT Not Covered:	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
ICD-10	M51.0 - M51.37 – Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders M54.5 - Low back pain M54.30 - M54.32 - Sciatica

POLICY HISTORY:

Status	Date	Action
New	6/1/2010	New policy
Reviewed	12/6/2011	Reviewed.
Reviewed	11/29/2012	Major revision. Determined to be investigational/experimental.
Reviewed	11/14/2013	Changes to overview.
Reviewed	11/6/2014	No changes.
Reviewed	10/22/2015	No changes.
Reviewed	11/17/2016	No changes
Reviewed	09/26/2017	No changes
Reviewed	07/17/2018	Removed 62292 from “not covered” (to be managed by eviCore®)
Reviewed	09/26/2019	Added clarification.
Reviewed	10/24/2020	No changes



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REFERENCES: Scientific: The following scientific references were utilized in the formulation of this medical policy.

SWHP/FirstCare will continue to review clinical evidence surrounding discography and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP/FirstCare so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Carragee EJ, Lincoln T, Parmar VS, Alamin T. A gold standard evaluation of the "discogenic pain" diagnosis as determined by provocative discography. *Spine (Phila Pa 1976)* 2006; 31:2115.
2. Cohen SP, Larkin TM, Barna SA, et al. Lumbar discography: a comprehensive review of outcome studies, diagnostic accuracy, and principles. *Reg Anesth Pain Med* 2005; 30:163.
3. Carragee EJ, Don AS, Hurwitz EL, et al. 2009 ISSLS Prize Winner: Does discography cause accelerated progression of degeneration changes in the lumbar disc: a ten-year matched cohort study. *Spine (Phila Pa 1976)* 2009; 34:2338.
4. Chou R, Loeser JD, Owens DK, et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine (Phila Pa 1976)* 2009; 34:1066.
5. Bradley WG Jr, Seidenwurm DJ, Brunberg JA, et al. Low back pain. *American College of Radiology (ACR)*, 2005. Available at: www.guideline.gov/summary/summary.aspx?doc_id=8599#s24 (Accessed on October 11, 2011).
6. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med* 2007; 147:478.
Note: (The guidelines recommend the use of imaging with MRI or CT (not discography) to evaluate low back pain only when severe or progressive neurological deficits are present, when serious underlying conditions are suspected, or when surgery or epidural steroid injection is considered. Also, the guidelines recommend several conservative approaches for acute or chronic pain and suggest invasive techniques only for pain that does not respond to the recommended conservative approaches but do not discuss any particular invasive measure)
7. Carragee EJ, Tanner CM, Yang B, Brito JL, Truong T. False-positive findings on lumbar discography. Reliability of subjective concordance assessment during provocative disc injection. *Spine*. 1999;24(23):2542-2547. Cited in: Wolfer LR, Derby R, Lee JE, Lee SH. Systematic review of lumbar provocation discography in asymptomatic subjects with a meta-analysis of false-positive rates. *Pain Physician*. 2008;11(4):513-538.
8. Xi MA, Tong HC, Fahim DK, Perez-Cruet M. Using provocative discography and computed tomography to select patients with refractory discogenic low back pain for lumbar fusion surgery. *Cureus*. 2016;8(2):e514.
9. Manchikanti L, Hirsch JA. An update on the management of chronic lumbar discogenic pain. *Pain Manage*. 2015;5(5):373-386.