Subject: Intradiscal Electrothermal Therapy (IDET)*

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: IDET is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to exclude coverage of an unproven therapeutic modality.

Procedure:

A. Requests for coverage of IDET (CPT 22526 [single level] and 22527 [≥1 additional levels]) will be denied as there is not a satisfactory body of peer-reviewed literature that supports the efficacy of this procedure. This treatment is therefore deemed experimental, investigational, or unproven.

B. No payment will be allowed for any technical aspects associated with this procedure (e.g., needle placement, use of fluoroscopic guidance, confirmation of needle position by contrast injection).

References


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*