Subject: Thermal Annular and Intradiscal Procedures for Discogenic Back Pain*

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: Thermal annular procedures [intradiscal electrothermal therapy-IDET, discTrode, and biacuplasty] are 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 thermal annular and intradiscal procedures (CPT 22526 [single level] and, 22527 [≥1 additional levels] and S2348 will be denied as there is not a satisfactory body of peer-reviewed literature that supports the efficacy of these procedures. 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


Lehrich JR, Sheon RP. Treatment of subacute and chronic low back pain. UpToDate 2007;15.1 (Jan 2) available at http://www.utdol.com/utd/content/topic.do?topicKey=spinaldi/5283&view=print accessed 05/17/07


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