Subject: Thermal Annular and Intradiscal thermal/ablation Procedures

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: Thermal annular disc procedures and intradiscal thermal/ablation procedures are not reimbursable under Plans administered by QualCare, Inc.

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

Procedure:

A. Requests for coverage of the following procedures 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. This is not an all-inclusive list.

Intradiscal electrothermal therapy (IDET) CPT 22526, 22527

Biacuplasty of the intervertebral disc CPT 22899

Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT) CPT 22899, HCPCS S2348

discTRODE procedure CPT 22899

Coblation nucleoplasty, plasma disc decompression CPT 62287
B. No payment will be allowed for any technical aspects associated with these procedures (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.