



**Subject:** Intradiscal Electrothermal Therapy (IDET)\*

**Effective Date:** July 31, 2007

**Department(s):** Utilization Management

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**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 [ $\geq 1$  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

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