



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).

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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.