



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) **CPT22526, 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

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Drafted By/Date: BFisher, MD 05/24/07

Approved By/Date: QM Committee 07/31/07

Revised By/Date: BFisher, MD 02/14/09

Approved By/Date: QM Committee 03/24/09

Reviewed by/ Date: M.McNeil, 05/11

Approved by/ Date: QMC 06/14/11

Revised By/Date: MMcNeil, MD, 04/07/2015

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Reviewed w/o Revision By/Date: M McNeil, MD 03/31/17
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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.