Back: Discography

MEDICARE MEDICAL POLICY NUMBER: 391

Effective Date: 6/1/2023

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
Discography	Company medical policy for Back: Discography I. This service is considered **not medically necessary** for Medicare plan members based on the Company medical policy. *See Policy Guidelines below.*

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

MEDICARE AND MEDICAL NECESSITY

Only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*.

A prior evaluation by CMS concluded that "the effect that discography has on patient outcomes… is uncertain and no specific anatomic lesion has been proven to be the source of discogenic low back pain." *(CMS Decision Memo for Thermal Intradiscal Procedures [CAG-00387N]).*[1]

> “Although discography is thought by some to be important in diagnosing discogenic back pain, “…controversy remains as to the accuracy and specificity of discography because of the inability to understand the mechanism which produces pain” (Peng, Wu et al. 2005). Provocative discography, described in the 1940’s as a method of imaging discs by injecting contrast into the nucleus pulposus, has been controversial from its earliest use (Carragee 2000). In 2002, Jarvik and Deyo characterized the diagnosis of internal disc disruption (IDD) by provocative discography as controversial. In addition, the clinical importance of identifying high-intensity zones (HIZ), describing the presence of focal high signal in the posterior annulus fibrosus seen on imaging, which presumably represent annular tears, remains controversial (Jarvik, Deyo 2002). It seems the clinical importance of HIZ has not gained general acceptance in the spine care community at this time.”
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> “Uncertainty exists in the selection of appropriate patients for the various procedures to treat low back pain that is suspected to be caused by the disc. Patient symptoms alone do not accurately point to the disc as the source of pain. Identifying the pain generator in low back pain is challenging due to the anatomic complexity of the spine and poor understanding of neurophysiologic mechanisms of pain sensation (Haldeman 1999). TIPs literature maintains that for clinicians to identify patients appropriate for the procedures, positive provocative discography and either MRI and/or CT indicating IDD (or disease) should be relied on. However, the value of discography as a diagnostic tool in the identification of discogenic pain is controversial (National Board of Health, Danish Centre for Evaluation and Health Technology Assessment 2003). The benefit of discography and abnormalities in imaging studies in guiding a patient’s treatment for back pain is questioned. Patients with nonspinal back pain and asymptomatic patients can have positive discography (Carragee, Tanner et al. 1999; Carragee, Chen et al. 2000). Additionally, in patients with low back pain, provocation discography can be positive in the absence of imaging structural or physiologic abnormalities (Chou, Lew et al. 2005). While imaging studies can demonstrate structural and physiologic abnormalities, there is no correlation with either the presence or severity of low back pain (Chou, Lew et al. 2005). In fact, patients can have annular tears on MRI or CT and be asymptomatic. Chou stated, “Although a bright, focal increase of T2-weighted magnetic resonance signal in the posterior annulus (the so-called high intensity zone lesion) is correlated with annular tears, it is not correlated with low back pain” (Chou et al. 2005). Slipman showed no statistical correlation between the side of the patients’ concordantly painful annular tear and the side of the patients’ low back pain during discography (Slipman, Patel et al. 2001). This directly questions if the annular tear, whose natural history is unknown, is the pain generator being tested during discography (Djurasovic, Glassman et al. 2002). In summary, the effect that discography has on patient outcomes (mediated through the choice of therapy) is uncertain and no specific anatomic lesion has been proven to be the source of discogenic low back pain (Rhyne, Smith et al. 1995).”

In the absence of Medicare coverage policies (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.) which addresses the medical necessity of a given medical service, Medicare regulatory guidelines do allow Medicare Advantage Organizations (MAOs) to make their own coverage determinations, as long as the MAO applies an objective, evidence-based process, based on authoritative evidence. *(Medicare Managed Care Manual, Ch. 4, §90.5)* The Company policy for *PHA Medicare Medical Policy Development and Application* (MP50) provides details regarding

Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development. The Company medical policy for discography will apply to Medicare plan members, and is consistent with the CMS findings detailed above.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

CODES*		
CPT	62290	Injection procedure for discography, each level; lumbar
	62291	Injection procedure for discography, each level; cervical or thoracic
	62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
	72285	Discography, cervical or thoracic, radiological supervision and interpretation
	72295	Discography, lumbar, radiological supervision and interpretation
HCPCS	None	

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. CMS National Coverage Analysis Decision Memo for Thermal Intradiscal Procedures (CAG-00387N); Dated: 9/29/2008; Available at: https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=215

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2023	New Medicare Advantage medical policy