

Discography

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary discography.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Discography – Also known as provocative discography, is an imaging-guided procedure in which a contrast agent is injected into the nucleus pulposus of the disc to evaluate intervertebral disc pathology.

PROCEDURES

Discography of the lumbar vertebrae may be considered medically necessary for the evaluation of low back pain with or without lower extremity pain when ALL of the following are present:

- Pain is unrelenting and has persisted for an extended period of time (may be least six (6) months); and

- Pain has not responded to conservative treatment measures (i.e., NSAIDs, physical therapy, etc.); and
- Noninvasive diagnostic studies have failed to provide sufficient diagnostic information regarding the origin of pain; and
- There is no evidence of contraindications such as severe spinal stenosis resulting in intraspinal obstruction, infection, or predominantly psychogenic pain; and
- At least ONE of the following indications must be present:
 - A high index of suspicion for discogenic pain and the pain is severe enough to consider surgical intervention; or
 - For failed back surgery individuals, to distinguish between painful pseudoarthrosis or a symptomatic disc in a posteriorly fused segment.

All other indications are considered not medically necessary.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service

Discography is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
62290	Injection procedure for discography, each level; lumbar.
62291	Injection procedure for discography, each level; cervical or thoracic.
72285	Discography, cervical or thoracic, radiological supervision and interpretation.
72295	Discography, lumbar, radiological supervision and interpretation.

Covered Diagnosis Codes for Procedure codes 62290, 62291, 72285, 72295

M43.05	M43.06	M43.07	M43.15	M43.16	M43.17	M46.46
M46.47	M47.16	M47.26	M47.27	M47.816	M47.817	M47.896
M47.897	M48.061	M48.062	M48.07	M51.06	M51.15	M51.17
M51.26	M51.27	M51.36	M51.37	M51.46	M51.47	M51.86
M51.87	M54.5	M54.15	M54.16	M54.17	M54.30	M54.31
M54.32	M54.40	M54.41	M54.42	M96.1	M99.13	M99.23
M99.33	M99.43	M99.53	M99.63	M99.73	S33.0XXA	S33.0XXD
S33.0XXS	S33.100A	S33.100D	S33.100S	S33.101A	S33.101D	S33.101S
S33.110A	S33.110D	S33.110S	S33.111A	S33.111D	S33.111S	S33.120A
S33.120D	S33.120S	S33.121A	S33.121D	S33.121S	S33.130A	S33.130D
S33.130S	S33.131A	S33.131D	S33.131S	S33.140A	S33.140D	S33.140S
S33.141A	S33.141D	S33.141S				

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

POLICY SOURCES**American Society of Interventional Pain Physicians (ASIPP): 2013**

The ASIPP issued an update of its evidence-based guidelines for interventional techniques in chronic spinal pain. In regards to the clinical utility of discography, the ASIPP issued the following recommendations:

Provocation discography continues to be controversial with respect to diagnostic accuracy and its impact on surgical volume.

Proponents of discography claim that the rationale is well established, and discography is helpful in patients with low back pain (LBP) to acquire information about the structure and sensitivity of their lumbar discs and to make informed decisions about treatment and modifications of activity.

Opponents of discography contend that escalating numbers of unnecessary fusions have been performed in the United States each year for indications of discogenic pain.

Discography is an invasive diagnostic test that should only be applied to patients with chronic LBP in whom one suspects a discogenic etiology and an appropriate treatment is available.

To be valid, provocation discography must be performed utilizing strict criteria of having concordant pain in 1 disc with at least 2 negative control discs.

In the ASIPP management algorithm for chronic LBP, discography is suggested following clinical evaluation indicating that facet joint blocks or sacroiliac joint blocks were negative.

American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS): 2014

A joint committee of the AANS/CNS issued an update to their guidelines regarding the use of discography in evaluating LBP prior to surgical intervention. The following recommendations regarding discography were made:

Based primarily on retrospective studies, discography as a stand-alone test is not recommended to formulate treatment strategies for patients with LBP with abnormal imaging findings.

A single randomized cohort study demonstrated an improved potential of discoblock over discography as a predictor of success following lumbar fusion. Therefore, discoblock should be considered as a diagnostic option during the evaluation of a patient presenting with chronic LBP.

There is a possibility that an association exists between progression of degenerative disc disease and the performance of a provocative discogram. It is therefore recommended that patients be counseled regarding this potential development prior to undergoing discography.

American College of Radiology (ACR): 2015

In a guideline on appropriateness criteria for patients with LBP updated in 2015, the ACR states that the use of provocative discography to identify a discogenic source of lumbar spinal pain is controversial. The test is subjective and depends entirely upon the patient's description of pain during the procedure.

The ACR deemed that x-ray discography is usually not appropriate for use in patients with acute, subacute, or chronic uncomplicated LBP or radiculopathy associated with 1 or more of the following: low velocity trauma, osteoporosis, elderly individual, or chronic steroid use (rating of 1) or for surgery or intervention candidates with persistent or progressive symptoms during or following 6 weeks of conservative management (rating of 3). For the latter group, the ACR states that, although controversial, discography may be useful for patients with chronic LBP (lasting > 3 months).

The ACR concluded that discography may be appropriate for patients with LBP or radiculopathy with new or progressing symptoms or clinical findings with a history of prior lumbar surgery (rating of 5).

European Cooperation in Science and Technology (COST): 2006

The COST B13 working group issued a guideline for the management of chronic nonspecific LBP. The working group stated that there is moderate evidence that facet joint injections, magnetic resonance imaging (MRI), and discography are not reliable procedures for the diagnosis of facet joint and discogenic pain. Therefore, they do not recommend MRI, computed tomography (CT), or facet blocks for the diagnosis of facet joint pain or discography for discogenic pain.

References

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POLICY UPDATE HISTORY

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