Clinical Policy: Discography

Reference Number: CP.MP.115
Date of Last Revision: 06/22

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Discography is an invasive, intradiscal diagnostic technique that uses imaging and pain to diagnose discogenic pain. In lumbar discography, contrast medium is injected into a lumbar intervertebral disc that is thought to be the cause of low back pain. This procedure is a screening tool used to reproduce a patient's pain, visualize the disc morphology, and determine if surgical intervention would be appropriate. Injection pressures are also taken into account when considering whether the test suggests symptomatic disc degeneration.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that lumbar discography is **not medically necessary**.

II. It is the policy of health plans affiliated with Centene Corporation that there is insufficient evidence in the published peer-reviewed literature to support the use of cervical and thoracic discography.

Background

Lumbar Discography

Lumbar Discography is a controversial diagnostic test for chronic discogenic low back pain after other possible sources of lumbar pain have been excluded, and surgery is being considered.[15] Proponents argue that recreating the patient's pain makes the test more sensitive and specific than imaging such as radiographs, myelography, and MRI, which identify both symptomatic and asymptomatic abnormalities.[1] The North American Spine Society (NASS) supports the use of lumbar discography citing evidence that it associates pain with moderate to severe disc degeneration and endplate abnormalities on imaging. However, NASS indicates there is insufficient evidence to support the use of discography to predict successful outcomes in patients after lumber surgery.[18] Critics argue that discography lacks reliability, given the absence of a clearly defined gold-standard reference test and the ability of the test to produce pain in patients without any prior history of back pain.[1,2] Additionally, studies have come to conflicting conclusions regarding the accuracy of lumbar discography in identifying the source of discogenic pain and in guiding treatment decisions.[3-7] Discography after lumbar discectomy in particular has been noted to produce pain in patients who are otherwise asymptomatic.[8]

Recent guidelines upheld prior statements regarding the unsuitability of discography as a stand-alone test. Moreover, there is evidence from a prospective cohort study that discography may lead to accelerated disk degeneration such as occurrence of new herniations, loss of disc height, and loss of disc signal intensity.[1] According to Hayes, lumbar discography does not improve health outcomes in patients with low back pain and that there are uncertainties regarding safety.[15]

Cervical/Thoracic Discography

Cervical discography and thoracic discography remain controversial procedures due to the absence of validation and controlled outcome studies. Further limitations include a paucity of literature and few studies of poor quality.[10-12] For cervical and thoracic pain, discography is not an appropriate diagnostic or screening tool.[11-12]

Coding Implications

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CPT® Codes	Description
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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy split from CP.MP.63 Pain Management Procedures. Added that other imaging must not have confirmed source of discogenic pain. Added that pain must not be radicular, per UpToDate and Manchikanti et al. Added background information.	07/16	
Per specialist review and verification in literature: Added requirement for psychosocial assessment with no major unresolved findings and no previous history of lumbar discectomy. Modified criteria to require that 2 levels must be injected- one for diagnosis and one for control. Added that member/enrollee must not have had prior surgery on the disks to be injected. Added that patient must be eligible for surgery for which discography is providing confirmation of discogenic pain. II: Changed experimental/investigational to investigational.	08/16	08/16
I.B: changed no "unresolved emotional or chronic pain problems" to "unresolved emotional or psychological problems that abnormally affect perception of chronic pain." References reviewed and updated.	08/17	08/17
I: Changed lumbar discography from medically necessary to not medically necessary.	06/18	06/18

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Background updated. References reviewed and updated.		
Annual review of content, references, and coding. Specialty review.	05/19	06/19
References reviewed and updated. ICD-10 codes removed.	06/20	06/20
References reviewed, updated and reformatted. "Experimental/investigational" verbiage replaced in policy statement II with "there is insufficient evidence in the published peer-reviewed literature to support the use of cervical and thoracic discography." Replaced member with member/enrollee. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date."	06/21	06/21
Annual review completed. Description and background updated with no impact to criteria. References reviewed and updated. Specialist reviewed.	06/22	06/22

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.