Clinical Policy: Discography

Reference Number: PA.CP.MP.115
Effective Date: 01/2018
Date of Last Revision: 06/2023

Coding Implications
Revision Log

Description
Discography is an invasive, intradiscal diagnostic technique that uses imaging and pain to diagnose discogenic pain.[1] 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.[1]

Policy/Criteria

I. It is the policy of Pennsylvania Health and Wellness (PHW) that lumbar discography is **not medically necessary.**

II. It is the policy of Pennsylvania Health and Wellness (PHW) 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.[1-2] Proponents argue that recreating the patient's pain makes the test more sensitive and specific than imaging such as radiographs, myelography, and magnetic resonance imaging (MRI), which identify both symptomatic and asymptomatic abnormalities.[2] 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.[3] 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.[2,4] 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.[1,5-8] Discography after lumbar discectomy in particular has been noted to produce pain in patients who are otherwise asymptomatic.[9]

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.[2]

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
I: Changed lumbar discography from medically necessary to not medically necessary. Background updated. References reviewed and updated.	09/18	
I & II language clarified for not medically necessary and investigational. References reviewed and updated.	10/19	11/18/2019
Annual review of content, references, and coding. Specialty review. References reviewed and updated. ICD-10 codes removed.	2/18/2021	
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." Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date."	5/26/2022	
Annual review completed. Description and background updated with no impact to criteria. References reviewed and updated. Specialist reviewed.	06/2023	

References

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