

**Prior Authorization Review Panel
MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness (PHW)	Submission Date: 06/2026
Policy Number: PA.CP.MP.115	Revision Date: 06/2026
Policy Name: Discography	
Type of Submission – <u>Check all that apply</u>: ☐ New Policy ☐ Revised Policy* ☐ Annual Review – No Revisions ☐ Statewide PDL ☒ Retiring Policy	
*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document. Please provide any clarifying information for the policy below: This policy is being retired	
Name of Authorized Individual (Please type or print): Dr. Craig A. Butler, MD.	Signature of Authorized Individual: <i>Craig A Butler MD</i>

Clinical Policy: Discography

Reference Number: PA.CP.MP.115

Date of Last Revision: 05/2025

[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 PA Health and Wellness (PHW) that lumbar discography is considered **not medically necessary**, as there is evidence that the procedure is not safe or effective.
- II. It is the policy of PHW that there is insufficient evidence in the published peer-reviewed literature to support the use of cervical and thoracic discography.

*It is the policy of PA Health & Wellness (PHW)[®] that determinations for services that are considered **not medically necessary** must be considered on a case-by-case basis by a physician or ad hoc committee and must be made in accordance with the Benefit Plan Contract provisions and applicable state and federal requirements. Denials will require medical director review.

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 lumbar 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.^{1,5,6,7,8} Further, in a review of published studies since 2017, Hayes, Inc. identified five position statements or guidelines that confer weak support of lumbar provocative discography.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.^{10,11,12} For cervical and thoracic pain, discography is not an appropriate diagnostic or screening tool.^{11,12}

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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	10/02/2023
Annual review. Updated background with no clinical significance. References reviewed and updated. Reviewed by external specialist.	06/2024	07/2024

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review. Added clarifying language to Criteria I. Background updated with no impact on criteria. Reviewed codes and descriptions. References reviewed and updated. Per OLTL request, added statement to reflect a case-by-case physician review.	05/2025	
This policy is being retired	06/2026	6/24/2026

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