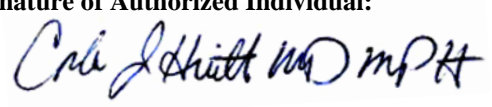


Prior Authorization Review Panel

CHC-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	Submission Date: 11/01/2019
Policy Number: PA.CP.MP. 115	Effective Date: 01/01/18 Revision Date: 10/2019
Policy Name: Discography	HC Approval Date:
<p>Type of Submission – Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Revised Policy* <input type="checkbox"/> Retiring Policy Retiring Policy – <i>This option indicates the retirement of an active policy. If there is no indicated replacement, then “NONE” will be listed as the New/Replacement Policy.</i> <input type="checkbox"/> Annual Review – No Revisions <input type="checkbox"/> Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i> 	
<p>*All revisions to the policy must be highlighted using track changes throughout the document.</p> <p>Please provide any changes or clarifying information for the policy below:</p> <p>It is the policy of Pennsylvania Health and Wellness (PHW) that lumbar discography are not medically necessary. It is the policy of Pennsylvania Health and Wellness (PHW) that cervical and thoracic discography is considered investigational because effectiveness has not been established.</p> <p>Cervical, thoracic and lumbar discography are covered services on the PA Medial Assistance fee schedule and will be reviewed on a case by case basis.</p> <p>Language clarified for I & II. References reviewed and updated.</p> <p>CLEAN COPY ATTACHED. 12/07/2018 ALR</p>	
Name of Authorized Individual (Please type or print): <div style="text-align: center;">Carla Huitt, MD MPH</div>	Signature of Authorized Individual: 

Clinical Policy: Discography

Reference Number: PA.CP.MP.115

Effective Date: 01/18

Last Review Date: 10/2019

[Coding Implications](#)[Revision Log](#)

Description

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 used to reproduce a patient's pain and visualize the disc morphology. Injection pressures are also taken into account when considering whether the test suggests symptomatic disc degeneration.

Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness (PHW) that lumbar discography are **not medically necessary**. It is the policy of Pennsylvania Health and Wellness (PHW) that cervical and thoracic discography is considered investigational because effectiveness has not been established.
- II. Cervical, thoracic and lumbar discography are covered services on the PA Medial Assistance fee schedule and will be reviewed on a case by case basis.

III. Background

Lumbar Discography

Lumbar Discography is a controversial diagnostic test for chronic discogenic low back pain. 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 However, 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.^{1,9} 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.¹⁰

Cervical/Thoracic Discography

While evidence is fair for lumbar discography to identify the source of discogenic pain, for cervical or thoracic discography, it is limited by few studies of poor quality.¹¹⁻¹³

Lumbar discography represents a screening tool for the source of discogenic pain after other sources of lumbar pain have been excluded and when treatment is available.¹¹ For cervical and thoracic pain, discography is not an appropriate diagnostic or screening tool.

Coding Implications

Discography

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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

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
M54.5	Low back pain
M54.6	Pain in thoracic spine

Reviews, Revisions, and Approvals	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	

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