

Clinical Policy: Intradiscal Steroid Injections for Pain Management

Reference Number: PA.CP.MP.167

Effective Date: 09/18

Last Review Date: 09/18

[Coding Implications](#)

[Revision Log](#)

Description

Intradiscal steroid injections involve injecting glucocorticoids directly into the spinal disc that has been identified as the source of pain.

Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness® (PHW) that intradiscal steroid injections are considered **not medically necessary** because effectiveness has not been established. The published literature suggests both positive and negative results. Further research is being done to determine the safety and efficacy of injecting steroids directly into the disc.

Background

There is limited and conflicting evidence regarding the effectiveness of intradiscal glucocorticoids for low back pain.¹ In patients with MRI evidence of degenerative disc disease and a positive response to discography, two trials found no difference between intradiscal steroid and control injection (saline or local anesthetic).¹ A third trial found that in patients with degenerative disc disease who failed an epidural steroid injection, intradiscal steroid injection was superior to discography alone only in the subgroup of patients with inflammatory endplate changes on MRI.¹ However, outcomes were not well defined in this trial and levels of statistical significance were poorly reported. Based on these trials, the American Pain Society guideline recommends against intradiscal glucocorticoid injection for presumed discogenic pain.²

A randomized trial of 135 patients with active discopathy treated with a glucocorticoid intradiscal injection during discography or discography alone, found that back pain was improved at one month in the intradiscal injection group, but the effect was not present at 12 months.³ Secondary outcomes such activity limitations, use of analgesics, quality of life, and anxiety and depression did not differ between the treatment and control groups at either evaluated time point.³

The use of intradiscal steroid injections is also debated because intradiscal steroid may cause discitis, progression of disc degeneration, and calcification of the intervertebral disc.¹

Coding Implications

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CLINICAL POLICY



Intradiscal Steroid Injections

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
22899	Unlisted procedure, spine

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
New policy split from retired CP.MP.118 Injections for Pain Management. No criteria changes.	09/18	

References

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2. Chou R et al. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. An evidence-based clinical practice guideline from the American Pain Society. Spine J. 2009; 34: 1066-1077.
3. Nguyen C, Boutron I, Baron G, et al. Intradiscal Glucocorticoid Injection for Patients With Chronic Low Back Pain Associated With Active Discopathy: A Randomized Trial. Ann Intern Med. 2017 Apr 18;166(8):547-556. doi: 10.7326/M16-1700. Epub 2017 Mar 21.
4. Cao P1, Jiang L, Zhuang C, Yang Y, Zhang Z, Chen W, Zheng T. Intradiscal injection therapy for degenerative chronic discogenic low back pain with end plate Modic changes. Spine J. 2011 Feb;11(2):100-6. doi: 10.1016/j.spinee.2010.07.001. Epub 2010 Sep 20.
5. Chou R, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Ann Intern Med. 2007;147:478-491.
6. Heggeness MH. AAOS endorses back pain guidelines. AAOS Now. Sept 2010.
7. Manchikanti L et al. A Critical Review of the American Pain Society Clinical Practice Guidelines for Interventional Techniques: Part 2. Therapeutic Interventions. Pain Physician 2010; 13:E215-E264.
8. Khot A, Bowditch M, Powell J, Sharp D. The use of intradiscal steroid therapy for lumbar spinal discogenic pain: a randomized controlled trial. Spine (Phila Pa 1976). 2004;29(8):833.