

Clinical Policy: Discography

Reference Number: CP.MP.115

Effective Date: 08/16

Last Review Date: 07/16

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

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 health plans affiliated with Centene Corporation® that lumbar discography is **medically necessary** when meeting the following criteria:
 - A. The injection is for diagnostic purposes and other diagnostic tests (i.e., CT, MRI) have failed to provide definitive confirmation of the suspect disc as the source of the pain;
 - B. A detailed psychosocial assessment has been performed with no significant findings of unresolved emotional or chronic pain problems;
 - C. The injection is performed at 2 levels, with one level serving as a control;
 - D. Chronic discogenic back pain (may extend to buttocks) that interferes with ADLs for at least 6 months;
 - E. Pain is non-radicular;
 - F. Patient has failed to respond to conservative therapy including all of the following:
 1. ≥ 6 weeks physical therapy or prescribed home exercise program;
 2. Non-steroidal anti-inflammatory drug (NSAID) ≥ 3 weeks or NSAID contraindicated or not tolerated;
 3. ≥ 6 weeks activity modification;
 - G. A surgical procedure that is not experimental/investigational is being considered and the patient is eligible for the surgery;
 - H. Member has not had previous surgery on the discs to be injected;
 - I. MRI has confirmed levels of degenerative disc disease and normal discs to use as potential controls.

- II. It is the policy of health plans affiliated with Centene Corporation that cervical and thoracic discography is considered **investigational** because effectiveness has not been established.

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 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} Its utility lies in its use as a screening tool in conjunction with imaging. 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

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 2015, 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

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

	Date	Approval Date
Reviews, Revisions, and Approvals		
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 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

References

1. Eck JC, Sharan A, Resnick DK et al. Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 6: discography for patient selection. *J Neurosurg Spine*. 2014 Jul;21(1):37-41. doi: 10.3171/2014.4.SPINE14269
2. Chou, R. Subacute and chronic low back pain: Nonsurgical interventional treatment. Atlas SJ, Crowley M (Eds.). In: UpToDate, Waltham, MA. May 2016. Accessed 7/20/16.
3. Carragee EJ, Lincoln T, Parmar VS, Alamin T. A gold standard evaluation of the 'discogenic pain' diagnosis as determined by provocative discography. *Spine*. 2006;31(18):2115-2123.
4. Wichman HJ. Discography: Over 50 years of controversy. *WMJ*. 2007;106(1):27-29.
5. Yuan Q, Tian W, Cheng XG, et al. Comparison between CT-discography and magnetic resonance imaging in lumbar disc diseases. *Zhonghua Yi Xue Za Zhi*. 2006;86(31):2166-2170.
6. Hao DJ, Liu TJ, Wu QN, He BR. The application of lumbar discography in the diagnosis and treatment of the discogenic low back pain. *Zhonghua Wai Ke Za Zhi*. 2006;44(24):1675-1677.
7. Buenaventura RM, Shah RV, Patel V, et al. Systematic review of discography as a diagnostic test for spinal pain: An update. *Pain Physician*. 2007;10(1):147-164.
8. Carragee EJ, Chen Y, Tanner CM et al. Provocative discography in patients after limited lumbar discectomy: A controlled, randomized study of pain response in symptomatic and asymptomatic subjects. *Spine (Phila Pa 1976)*. 2000 Dec 1;25(23):3065-71.
9. Resnick DK, Choudhri TF, Dailey AT, et al; American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 6: Magnetic resonance imaging and discography for patient selection for lumbar fusion. *J Neurosurg Spine*. 2005;2(6):662-669.
10. Hsu PS, Armon C, Levin K. Acute lumbosacral radiculopathy: pathophysiology, clinical features, and diagnosis. Shefner JM, Dashe JF (Eds.). In: UpToDate, Waltham, MA. January 2016. Accessed July 21, 2016.

11. Manchikanti L, Abdi S, Atluri S, et al/ American Society of Interventional Pain Physicians. An update of comprehensive evidence-based guidelines for interventional techniques in spinal pain. Part II: guidance and recommendations. Pain Physician 2013; 16: S49-S283.
12. Singh V, Manchikanti L, Shah RV, Dunbar EE, Glaser SE. Systematic review of thoracic discography as a diagnostic test for chronic spinal pain. Pain Physician. 2008 Sep-Oct; 11(5): 631-42.
13. Manchikanti L, Dunbar EE, Wargo BW, et al. Systematic review of cervical discography as a diagnostic test. Pain Physiann. 2009 Mar-Apr; 12(2): 305-21.
14. Carragee EJ, Lincoln T, Parmar VS, Alamin T. A gold standard evaluation of the “discogenic pain” diagnosis as determined by provocative discography. Spine (Phila Pa 1976). 2006 Aug 15;31(18):2115-23.

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.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

CLINICAL POLICY

Discography

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, 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, 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.

©2016 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.