Clinical Policy: Discography
Reference Number: WA.CP.MP.115
Last Review Date: 07/20

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 Coordinated Care of Washington, Inc., in accordance with the Health Care Authority’s Health Technology Assessment, that lumbar discography is not a covered benefit for the following conditions:
   A. Low back pain
   B. Uncomplicated lumbar degenerative disc disease

II. It is the policy of Coordinated Care of Washington, Inc. that lumbar discography is not medically necessary for any other conditions:

III. It is the policy of Coordinated Care of Washington, Inc., 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. 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. 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. Discography after lumbar discectomy in particular has been noted to produce pain in patients who are otherwise asymptomatic.

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.

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.
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.\(^1\) For cervical and thoracic pain, discography is not an appropriate diagnostic or screening tool.

**Coding Implications**

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<tr>
<th>CPT\textsuperscript{®} Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>62290</td>
<td>Injection procedure for discography, each level; lumbar</td>
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<tr>
<td>62291</td>
<td>Injection procedure for discography, each level; cervical or thoracic</td>
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<td>62292</td>
<td>Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar</td>
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<tr>
<td>72285</td>
<td>Discography, cervical or thoracic, radiological supervision and interpretation</td>
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<tr>
<td>72295</td>
<td>Discography, lumbar, radiological supervision and interpretation</td>
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<th>Reviews, Revisions, and Approvals</th>
<th>Date</th>
<th>Approval Date</th>
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<tr>
<td>Policy developed</td>
<td>07/19</td>
<td>07/19</td>
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<tr>
<td>Revised I. to “not a covered benefit” and II. to indicate all other conditions are “not medically necessary”. References reviewed and updated.</td>
<td>07/20</td>
<td>08/20</td>
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**References**


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.

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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.

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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.

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