

Thermal Intradiscal Procedures (Includes IDET and Nucleoplasty)

MPM 20.7

Disclaimer Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description Percutaneous thermal intradiscal procedures involve the insertion of a catheter or probe in the spinal disc under fluoroscopic guidance for the purpose of producing or applying heat and/or disruption within the disc to relieve low back pain.¹

Coverage Determination This technology has been reviewed by the Technology Assessment Committee and the Medical Policy Committee and determined **not** to be a covered benefit.

PHP follows the recommendation of CMS NCD 150.11, which can be accessed on the Internet at:

http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=150.11&ncd_version=1&basket=ncd%3A150%2E11%3A1%3AThermal+Intradiscal+Procedures+%28TIPs%29

Coding The coding listed in this Medical Policy is for reference only. Covered and non-covered procedures are included in this list.

CPT Codes	Description
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance, single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance, one or more additional levels
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy).
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
0062T	Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; single level
0063T	Percutaneous intradiscal annuloplasty, any method except electrothermal, unilateral or bilateral including fluoroscopic guidance; one or more additional levels

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

[MPMPPC090911]

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ICD-9© Diagnosis Codes	Description
722.10	Displacement of lumbar intervertebral disc without myelopathy
722.52	Degeneration of lumbar or lumbosacral intervertebral disc

- References:**
- Centers for Medicare and Medicaid Services. National Coverage Determination for Thermal Intradiscal Procedures (TIPs) (150.11). Implementation date: 01-05-09.
 - Milliman Care Guidelines® Ambulatory Care, 12th Edition. Intradiscal Electrothermal Annuloplasty (IDET), ACG: A-0217(AC). Updated 02-05-09.

Approval Signatures: **Clinical Quality Committee:** Mark Whitaker MD

Medical Director: Albert Rizzoli MD

Date: November 30, 2011

Publication History: IDET – Intradiscal Electrothermal Therapy
Dec 2001: PHP Medical Affairs Criteria, original effective date; archived Feb. 2004
01-26-04: PHP Benefit Alert on IDET, original effective date
02-05-05: PHP Benefit Alert on IDET, update
07-03-08: PHP Benefit Alert transitioned to Medical Policy, annual review/revision

Nucleoplasty
08-01-03: PHP Benefit Alert, original effective date
09-05-07: PHP Benefit Alert, update
07-03-08: PHP Benefit Alert transitioned to Medical Policy, annual review/revision

09-23-09: IDET and Nucleoplasty combined into one Medical Policy, entitled Thermal Intradiscal Procedures, MPM 20.7
11-30-11: Annual Review

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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