MEDICAL POLICY	Back: Intradiscal Procedures for Low Back Pain (Medicare Only)
Effective Date: 7/1/2021  7/1/2021 Medical Officer Date	Medical Policy Number: 223 Medical Policy Committee Approved Date: 11/18; 3/19; 3/2020; 5/2020

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Thermal intradiscal procedures	National Coverage Determination (NCD) for Thermal Intradiscal Procedures (TIPs) (150.11)[1]

Per the Medicare Policy Manual commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Back: Intradiscal Procedures for Back Pain (All Lines of Business Except Medicare), SUR127,** *applies to the following services:*

- Glucocorticoid intradiscal injections
- Methylene Blue intradiscal injections

BILLING GUIDELINES

All thermal intradiscal procedures (TIPs) procedures are performed with radiologic or fluoroscopic guidance. This service would be directly related to a noncovered service and, therefore, noncovered.

While two CPT codes are identified for TIPs procedures performed within the annulus of the intervertebral disc (22526 and 22527), the codes (codes 62287, 22899 and 64999) used for TIPs procedures performed within the nucleus of the disc (eg., percutaneous [or plasma] disc decompression [PDD] or ablation, or targeted disc decompression [TDD] procedures) may also be used for procedures that are not addressed in this medical policy.

CPT CODES

Medicare Only	
Not Covered	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be **denied as not covered.**	
22899	Unlisted procedure, spine
64999	Unlisted procedure, nervous system

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Thermal Intradiscal Procedures (TIPs) (150.11). https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=324. Published 2009. Accessed 4/19/2021.