1. Purpose
The purpose of this policy is to establish criteria for the medical necessity of discography.

2. Definitions
Discography is an invasive diagnostic procedure that involves, under fluoroscopic guidance, the puncturing of a disc for the instillation of solutions including iodinated contrast into the nucleus pulposus. This procedure provides direct radiographic information concerning the nuclear morphological features and integrity of the vertebral endplates and annulus. The measured contrast injection allows determination of intradiscal pressures. Measurements of the opening pressures and pressure endpoints, where no further contrast can be injected, as well as the measurements of the associated volumes of contrast injected in the disc, can be used to demonstrate the integrity of the inner and outer anulus. The resulting changes in the volume and pressure produce direct stimulation of the disc. A patient's response to this stimulation is a measure of disc nociception. Therefore, the purpose of this procedure is not only to define the anatomical architecture of the internal disc but to determine whether a particular disc is painful. This provocative response to injection can be useful in identifying the pain generator and assist in the assessment of patients with severe disabling spinal pain syndromes who are considered candidates for spinal fusion. In addition to the disc(s) suspected of being involved, injection of a normal disc is performed to validate the procedure by a lack of a pain response to that injection.

3. Statement of Policy
3.1. The determination of medical necessity for the use of discography is always made on a case-by-case basis.

3.2. Patients in which lumbar fusion (arthrodesis) is considered medically necessary, such as in patients who demonstrate unstable vertebral fractures, spinal dislocations or where surgery is being performed for tumor, infection (osteomyelitis and/or discitis), or other disease processes that have led to lumbar segmental instability, a lumbar discogram is considered not medically necessary.

3.3. Discography is considered not medically necessary in patients who have either not fulfilled the criteria for surgical fusion or where a surgical fusion is not being considered by the patient.
3.4. Based on the significantly high positive response to discography in patients who have previously undergone spinal fusion or discectomy, discography is considered not medically necessary when considering performing the procedure at the prior surgical level.

3.5. Discography is considered not medically necessary in patients who demonstrate abnormal illness behavior (e.g., Waddell's Signs for non-organic back pain behavior).

3.6. Discography may be considered medically necessary when the patient has been determined to be a candidate for spinal fusion due to the fact that a negative discogram would rule out the need for fusion. Discography may help distinguish symptomatic from asymptomatic discs among morphologically abnormal discs in patients without psychosocial issues. Based on the significant percentage of false positive responses to discograms; however, a positive discogram alone would not be sufficient clinical justification for spinal fusion.

3.7. Discography may be considered medically necessary in carefully selected patients who have been determined to be candidates for spinal fusion (see TMMP 302 for criteria) when all of the following criteria have been met:

- Patient has severe lower back pain of at least one year in duration; and
- Patient has received an adequate diagnostic evaluation to rule out all other potential causes of pain; and
- Patient has undergone an MRI within the past 6 months which demonstrates at least one abnormal disc as well as one or more normal discs to allow for an internal control injection; and
- Patient has demonstrated a sufficient trial of reasonable and appropriate treatment options which could potentially provide benefit with a reasonable expectation that the treatment could possibly render the need for surgical fusion medically unnecessary; and
- Patient has participated in a reasonable trial of aggressive active rehabilitative exercises; and
- Patient does not have an active psychological diagnosis or disturbance or psychosocial issues that would substantially reduce the reliability of the test or increase the likelihood of adverse outcomes.
3.8. Discography is considered medically necessary in patients in whom lumbar fusion (arthrodesis) of multiple levels is being considered to assist in identifying which segments are contributing to the patient’s pain.

3.9. In patients who have undergone lumbar discography in the past 12 months, a repeat discography may be considered not medically necessary.

3.10. Cervical and/or thoracic discography is considered not medically necessary due to lack of evidence of its efficacy and potential risk of infection.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding discography and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


- Chou R. American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for a clinical practice guideline. Recommendations on surgery and


**4.2. Related Triad Medical Policies:**

- *TMMP 18 – Medical Necessity*

## CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>62267</td>
<td>Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes</td>
</tr>
<tr>
<td>62290</td>
<td>Injection procedure for discography, each level; lumbar.</td>
</tr>
<tr>
<td>62291</td>
<td>Injection procedure for discography, each level; cervical or thoracic.</td>
</tr>
<tr>
<td>72285</td>
<td>Discography, cervical or thoracic, radiological supervision and interpretation.</td>
</tr>
<tr>
<td>72295</td>
<td>Discography, lumbar, radiological supervision and interpretation.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>CPT Codes &amp; Descriptions updated.</td>
</tr>
<tr>
<td>02/19/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Added §3.10. Cervical and/or thoracic discography is considered not medically necessary due to lack of evidence of its efficacy and potential risk of infection.</td>
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<tr>
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<tr>
<td>03/03/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed CPT 72275 for epidurography from the CPT code table, a separate policy for this has been created (see TMMP 405). §3.7., 1st bullet, added ‘lower’ and removed ‘or neck’.</td>
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<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Added CPT code table.</td>
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<td>Annual Review; no changes.</td>
</tr>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
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<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.