PriorityHealth

MEDICAL POLICY
No. 91438-R8

IDET and OTHER THERMAL INTRADISCAL PROCEDURES (TIPs)

Effective Date: July 1, 2009	**Review Dates: 12/00, 12/01, 12/02, 11/03, 11/04, 5/05, 4/06, 4/07, 4/08, 2/09, 2/10**
Date Of Origin: December 20, 2000	**Status: Current**

I. DESCRIPTION:

Intradiscal electrothermal annuloplasty (IDET) is a minimally invasive surgical procedure developed for the treatment of chronic discogenic low back pain. Thermocoagulation of one or more defective intervertebral discs is accomplished using a percutaneously inserted catheter with a heating element enclosed in the tip. IDET is an outpatient procedure done under local anesthetic. The goal of the procedure is shrinkage of the disc material and destruction of the annular nerve receptors with the desired result of decreasing nerve root compression and pain from the degenerative discs.

In addition to IDET, other thermal intradiscal procedures (TIPs) are available including PIRFT (percutaneous intradiscal radiofrequency thermocoagulation), annuloplasty (electrothermal or thermal), nucleoplasty, and disc biacuplasty. These various TIPs techniques use heat and/or disruption, seeking the same desired outcome of pain relief. Numerous catheters have FDA approval for use in intradiscal thermal procedures. The devices for discogenic back pain in the TIPs' category utilize the transfer of energy to heat and/or disruption in the cartilaginous disc to treat back pain. All of these devices passed through the FDA under 510(K), meaning that they were found to be substantially equivalent to previous devices without the requirement of clinical trials.

The Centers for Medicare and Medicaid Services (CMS) issued a national noncoverage determination for IDET and other TIPs in September 2008. Noncoverage decision was made by CMS following review of the clinical evidence and determination that the mechanism of action of the TIPs is unclear and the evidence did not demonstrate improved outcomes. (Decision Memo for Thermal Intradiscal Procedures, September 29, 2008. http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=215)

II. POLICY/CRITERIA:

Review of the evidence for the use of IDET and other TIPs for low back pain does not demonstrate improved health outcomes. Lacking evidence of clinical improvement, the following procedures are considered experimental and investigational and are not a covered benefit:

a. Intradiscal electrothermal therapy (IDET),
b. Intradiscal electrothermal annuloplasty (IEA),
c. Intradiscal thermal annuloplasty (IDTA),
d. Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT),
e. Percutaneous radiofrequency thermomodulation,
f. Coblation percutaneous disc decompression,
g. Nucleoplasty
h. Radiofrequency annuloplasty (RA),
i. Intradiscal biacuplasty (IDB),
j. Percutaneous (or plasma) disc decompression (PDD),
k. Targeted disc decompression (TDD).

TIPs may also be identified or labeled based on the name of the catheter/probe that is used (e.g., SpineCath, discTRODE, Accuthem, or TransDiscal electrodes).

III. MEDICAL NECESSITY REVIEW:

☐ Required ☐ Not Required ☒ Not Applicable

IV. APPLICATION TO PRODUCTS:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***
- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).***
- **MEDICAID:** ***For Medicaid members, this policy will apply.***
- **MICHILD:** ***For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.***

V. CODING INFORMATION:

HCPCS/CPT Codes

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; one or more additional levels (List separately in addition to code for primary procedure)

22899 Unlisted procedure, spine (when billed for any of the listed, not covered procedures) *Explanatory notes must accompany claims billed with unlisted codes*

S2348 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

VI. REFERENCES:

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Davis, TT, et al. The IDET Procedure for Chronic Discogenic Low Back Pain, Spine, Vol. 29, No. 7, pp.752-756.

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Analysis of the Pauza Study (The Regence Group, Percutaneous Intradiscal Electrothermal Annuloplasty (IDET) and Percutaneous Intradiscal Radiofrequency Thermocoagulation, 06/2005, Available on the World Wide Web @ http://www.regence.com/trgmedpol/surgery/sur118.html, Retrieved 2/21/2005).

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Back Pain-Invasive Procedures. Aetna Clinical Policy Bulletin, November 2008. Available on the World Wide Web @ http://www.aetna.com/cpb/medical/data/1_99/0016.html (Retrieved January 20, 2009)

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