Sentara® Health Plans

Commercial

Thermal Intradiscal Procedures (TIP), Surgical 79

Table of Content

Effective Date	11/2007
Next Review Date	7/2025
Coverage Policy	Surgical 79
Version	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses the medical necessity of Thermal Intradiscal Procedures (TIP).

Description & Definitions:

A Thermal Intradiscal Procedure (TIP) is when a catheter is inserted into the spinal disc to apply heat for relief of pain.

Criteria:

Thermal Intradiscal Procedure (TIP) is considered **not medically necessary** for any indication, to include but not limited to:

- Biacuplasty (Baylis Medical transdiscal system)
- Cervical intradiscal radiofrequency lesioning
- Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency
- Intradiscal Electrothermal Therapy (IDET)
- Intradiscal Electrothermal Annuloplasty (IEA)
- Intradiscal Thermal Annuloplasty (IDTA)
- Intraosseous Basivertebral Nerve Ablation (Intracept Procedure)
- Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)
- Percutaneous radiofrequency thermomodulation
- Radiofrequency annuloplasty (RA)
- Radiofrequency lesioning of dorsal root ganglia;
- Radiofrequency lesioning of terminal (peripheral) nerve endings;
- Thermal Intradiscal Procedures (TIP)

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	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; 1 or more additional levels (List separately in addition to code for primary procedure)
22899	Unlisted procedure, spine
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: September
- 2015: April
- 2014: April
- 2013: April
- 2012: April
- 2010: May
- 2009: April
- 2008: November

Reviewed Dates:

- 2024: July - Annual review completed. No changes. References and coding updated.
- 2023: July
- 2022: July
- 2021: September
- 2019: September
- 2018: March
- 2017: January
- 2011: April
- 2010: April
- 2008: April, May

Effective Date:

- November 2007

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023, Sep 21). Retrieved Jun 19, 2024, from MCG: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Jun 19, 2024, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/

(2024). Retrieved Jun 19, 2024, from National Comprehensive Cancer Network: https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=intradiscal%20procedure

(2024). Retrieved Jun 19, 2024, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Intradiscal%2520electrothermal%2520therapy%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522a

(2024). Retrieved Jun 19, 2024, from Department of Medical Assistance Services - MES Public Portal: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=intradiscal%20&gsc.sort=

21 CFR 882.4400. (2008, Jun 23). Retrieved Jun 19, 2024, from Code of Federal Regulations: https://www.ecfr.gov/current/title-21/section-882.4400

Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. (2020). Retrieved Jun 19, 2024, from North American Spine Society: https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf

Helm, S., Simopoulos, T., Stojanovic, M., Abdi, S., & Terany, M. (2017). Effectiveness of Thermal Annular Procedures in Treating Discogenic Low Back Pain. Retrieved Jun 19, 2024, from PubMed: https://www.painphysicianjournal.com/current/pdf?article=NDYwMQ%3D%3D&journal=107

LCD: Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain (L39420). (2023, Mar 05). Retrieved Jun 19, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39420&ver=4&

NCD: Thermal Intradiscal Procedures (TIPs) (150.11). (2008, Sep 29). Retrieved Jun 19, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Muscle+pain+detector&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all

Polaris RF Ablation System. (2019, Jan 19). Retrieved Jun 19, 2024, from U.S. Food and Drug Administration: https://www.accessdata.fda.gov/cdrh_docs/pdf18/K181864.pdf

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Thermal Intradiscal Procedures (TIP), Surgical 79, Intradiscal Electrothermal Therapy, IDET, Percutaneous intradiscal radiofrequency thermocoagulation, PIRFT, Biacuplasty, Baylis Medical transdiscal system, Thermal Intradiscal Procedures, TIP, Dynamic stabilization, Dynesys Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, low back pain, intraosseous basivertebral nerve ablation, Intracept procedure, Cervical intradiscal radiofrequency lesioning, Intradiscal biacuplasty, IDB, intervertebral disc biacuplasty, cooled radiofrequency, Intradiscal Electrothermal Annuloplasty,

IEA, Intradiscal Thermal Annuloplasty, IDTA, Percutaneous intradiscal electrothermal annuloplasty, Percutaneous radiofrequency thermomodulation, Radiofrequency annuloplasty, Radiofrequency lesioning