Sentara Health Plans

Medicaid

Thermal Intradiscal Procedures (TIP)

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Effective Date	11/2007
Next Review Date	7/15/2024
Coverage Policy	Surgical 79
Version	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses 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:

- 2023: July
- 2022: July
- 2021: September
- 2019: September
- 2018: March
- 2017: January
- 2011: April
- 2010: April
- 2008: April, May

Effective Date:

- November 2007

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2023). Retrieved June 22, 2023, from North American Spine Society (NASS): https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf?ver=A3Hqet8WbKZ_TA8Hr5GOIQ%3d%3d

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(2023). Retrieved June 22, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/ & https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to

by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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