

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and to applicable state and/or federal laws.

Lumbar Discography

MP9427

Covered Service: Yes

**Prior Authorization
Required:** Yes

**Additional
Information:** None

Prevea360 Health Plan Medical Policy:

- 1.0 Lumbar discography **requires** prior authorization through the Health Services Division and is considered medically necessary when a Neurosurgeon or Orthopedist requests as a decision making aid for surgery as indicated by **ALL** of the following:
 - 1.1 Determination of source or level(s) of pain for surgical planning, as indicated by **1 or more** of the following:
 - 1.1.1 Extensive multilevel disk abnormality and other pathologies, as shown by CT scan or MRI;
 - 1.1.2 Pain associated with prior fusion with disk left intact;
 - 1.1.3 Prior fusion and extension of fusion up or down adjacent level being considered
 - 1.2 Nonradicular neck or low back pain that is severe and disabling; **AND**
 - 1.3 Pain unresponsive to nonsurgical care; **AND**
 - 1.4 Source of pain remains unclear after MRI or CT; **AND**
 - 1.5 There are none of the following contraindications:
 - 1.5.1 Chronic opioid usage
 - 1.5.2 Coagulopathy or use of anticoagulants
 - 1.5.3 Local or systemic infection
 - 1.5.4 Untreated psychiatric comorbidity
 - 1.5.5 Somatization disorder
- 2.0 All other indications not listed are considered experimental and investigational, and therefore are not medically necessary.
- 3.0 Cervical and thoracic discography is considered experimental and investigational, and therefore are not medically necessary.

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and to applicable state and/or federal laws.

	Committee/Source	Date(s)
Document Created:	Medical Director Committee/ Medical Affairs	September 28, 2011
Revised:	Medical Director Committee/Medical Affairs	March 19, 2014
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	April 15, 2020
	Medical Policy Committee/Health Services Division	August 18, 2021
Reviewed:	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	July 17, 2013
	Medical Director Committee/Medical Affairs	March 19, 2014
	Medical Director Committee/Medical Affairs	July 16, 2014
	Medical Director Committee/Medical Affairs	July 15, 2015
	Medical Policy Committee/Quality and Care Management Division	July 20, 2016
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Health Services Division	June 19, 2019
	Medical Policy Committee/Health Services Division	April 15, 2020
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	August 18, 2021

Effective: 09/01/2021