JOHNS HOPKINS HEALTHCARE

Medical Policy: Intradiscal Electrothermal Therapy (IDET)
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

Policy Number CMS09.04
Page 1 of 4

ACTION:
☐ New Policy
☐ Revising Policy Number
☐ Superseding Policy Number
☒ Archiving Policy Number: CMS09.04
☐ Retiring Policy Number

Effective Date: 08/23/2005
Review Dates: 03/03/08, 03/02/09, 06/04/10, 05/24/11, 03/01/13, 03/04/16, 03/02/18

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 03/04/2016 and is no longer scheduled for review for either one or more of the following reasons:
1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, see Chapter 4, Section 6.1: Musculoskeletal System and Chapter 4, Section 20.1: Nervous System

For Advantage MD, see Medicare Coverage Database: National Coverage Determination (NCD) for Thermal Intradiscal Procedures (TIPs)(150.11)

Unless specific benefits are provided under the member’s contract, JHHC considers Intradiscal Electrothermal Therapy (IDET) experimental and investigational, as it does not meet Technology Evaluation Criteria (TEC) #2-5.
BACKGROUND:

IDET is the thermocoagulation of one or more defective intervertebral disc by the percutaneous insertion of a catheter with a heating element enclosed in the tip. This is done in an attempt to relieve pain from one or more contained degenerative discs which have not yet ruptured through the annular covering.

CODING INFORMATION:

CPT Copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

| Employer Health Programs (EHP) **See Specific Summary Plan Description (SPD)** | Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria | US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria | Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria |

NOT COVERED

Compliance with the provision in this policy may be monitored and addressed through post payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>CPT ® CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>22526</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level</td>
</tr>
<tr>
<td>22527</td>
<td>Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>
**Medical Policy:** Intradiscal Electrothermal Therapy (IDET)

**Department:** Health Services

**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2348</td>
<td>Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVENUE CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0360</td>
<td>Operating Room Services-General; Hospital; Outpatient</td>
</tr>
<tr>
<td>0361</td>
<td>Operating Room Services-Minor Surgery; Hospital; Outpatient</td>
</tr>
</tbody>
</table>

**REFERENCE STATEMENT:**

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

**REFERENCES:**


