Medica Central Coverage Policy

Policy Name:	**Intradiscal Electrothermal Therapy (IDET) MP9711**
Effective Date:	**08/01/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Note: This policy is no longer scheduled for routine review of the scientific literature.

Intradiscal Electrothermal Therapy (IDET) is investigative unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Intradiscal annuloplasty is a minimally invasive procedure used to treat chronic low back pain. Intradiscal Electrothermal Therapy (IDET) is a percutaneous (minimally invasive) procedure that uses a disposable intradiscal catheter and electrothermal heat to treat the pain associated with degenerative disc disease. It has also been referred to as intradiscal electrothermal annuloplasty (IEA) and intradiscal electrothermal catheterization. IDET is intended to heat the protein wall of the disc and reduce the volume of disc material that causes nerve irritation. The catheter is inserted percutaneously and is positioned in the disc using fluoroscopy. The tip of the probe delivers heat to the tissue it contacts, beginning at 65° C and increasing incrementally to 90° C. Total procedure time is about one hour with recovery of 45 minutes; therefore the procedure is usually administered in the outpatient setting. Postoperative rehabilitation involves physical therapy over the course of a few months.

FDA Approval

Several devices have received FDA approval, including: SpineCATH™ Intradiscal Catheter, Oratec Interventions, Inc. (K993967), Nucleotomy Catheter, Oratec Interventions, Inc. (K013622), Smith & Nephew Intradiscal Catheter System (K073466), Smith & Nephew ElectroThermal® 20S

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Spine Generator (K033981), ORA-50 Electrothermal System And Accessories, Oratec Interventions, Inc.(K994333), Ora-50 S Autotemp Electrothermal Spine System And Accessories, Oratec Interventions, Inc. (K993854), Oratec Interventions Ora-50 S Programmable Electrothermal Spine System And Accessories (K990474) Oratec was acquired by Smith & Nephew in 2002.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **22526** - Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance, single level
- **22527** - Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance, 1or more additional levels (list separately in addition to code for primary procedure)

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	December 20, 2023
Revised:	Medical Policy Committee/Health Services Division	July 17, 2024
Reviewed:	Medical Policy Committee/Health Services Division	July 17, 2024

Published: 08/01/2024

Effective: 08/01/2024