



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

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## Lumbar Discography

**MP9427**

**Covered Service:** Yes

**Prior Authorization Required:** Yes

**Additional Information:** None

### WellFirst Health 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.

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