



## **Intradiscal Biacuplasty, PIRFT, or IDET**

*Clinical Guidelines for Medical Necessity Review*

**Version:** 2  
**Effective Date:** April 26, 2024

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## Guideline Information:

**Specialty Area:** Diseases & Disorders of the Musculoskeletal System (M00-M99)

**Guideline Name:** Intradiscal Biacuplasty, PIRFT, or IDET (Single Service)

**Literature review current through:** 12/1/2023

**Document last updated:** 4/26/2024

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

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# Medical Necessity Criteria

**Service: Intradiscal Biacuplasty, Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), or Intradiscal Electrothermal Therapy (IDET)**

## General Guidelines

- **Units, Frequency, & Duration:** This service is unproven and not medically necessary.
- **Criteria for Subsequent Requests:** This service is unproven and not medically necessary.
- **Recommended Clinical Approach:** This service is unproven and not medically necessary.
- **Exclusions:** This service is unproven and not medically necessary.

## Medical Necessity Criteria

### Indications

- **Intradiscal Biacuplasty, Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), or Intradiscal Electrothermal Therapy (IDET)** are considered appropriate if **ALL** of the following are **TRUE**:
- ◆ This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

### Non-Indications

- **Intradiscal Biacuplasty, Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), or Intradiscal Electrothermal Therapy (IDET)** may not be appropriate if **ALL** of the following are **TRUE**:
- ◆ This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

## Level of Care Criteria

Outpatient

## Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
22526	Bilateral percutaneous intradiscal electrothermal

	annuloplasty of a single level of spine using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of a single level of spine using fluoroscopic guidance
22527	Bilateral percutaneous intradiscal electrothermal annuloplasty of a single additional level using fluoroscopic guidance; Bilateral percutaneous intradiscal electrothermal annuloplasty of multiple additional levels using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of multiple additional levels using fluoroscopic guidance; Unilateral percutaneous intradiscal electrothermal annuloplasty of single additional level using fluoroscopic guidance
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

# Medical Evidence

The following peer-reviewed literature cites low support for intradiscal biacuplasty, PIRFT, or IDET for discogenic low back pain:

- Lu et al. (2014) provides a systematic review of non-surgical treatment options. A total of 11 randomized controlled trials (RCTs) were included with a focus on traction therapy, injections, and ablative techniques. Additional studies are needed.<sup>1</sup>
- Manchikanti et al. (2013) state that evidence is limited to fair for IDET and biaculooplasty, including for discTRODE.<sup>2</sup>
- Kloth et al. (2008) note that IDET and biaculooplasty may be effective for patients who do not respond to conservative therapy (including epidural injections).<sup>3</sup>
- The American Pain Society states a lack of evidence to determine the efficacy of IDET (or other TAP procedures).<sup>4</sup>

## References

1. Lu Y, Guzman JZ, Purmessur D, et al. Nonoperative management of discogenic back pain: A systematic review. *Spine (Phila Pa 1976)*. 2014 Jul 15;39(16):1314–24. doi: 10.1097/BRS.0000000000000401. PMID: 24827515; PMCID: PMC4144979.
2. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain Physician*. 2013;16(2 Suppl):S49–S283. PMID: 23615883.
3. Kloth DS, Fenton DS, Andersson GB, Block JE. Intradiscal electrothermal therapy (IDET) for the treatment of discogenic low back pain: Patient selection and indications for use. *Pain Physician* 2008; 11:659–668. PMID: 18850030.
4. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Clinical Guidelines*, 2 October 2007. <https://doi.org/10.7326/0003-4819-147-7-200710020-00006>.

# Clinical Guideline Revision History/Information

Original Date: December 1, 2023	
<b>Review History</b>	
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