Medica Coverage Policy

MEDICA®

Policy Name:	**Intradiscal Electrothermal Therapy (IDET)**
Current Policy Effective Date:	7/1/2009

Product Application

The policy applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a coverage policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies require different coverage.

Important Information - Please Read Before Using This Policy

Medica updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica's Coverage Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member's coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions, to review the provisions relating to a specific coverage determination. If there is a conflict between a Coverage Policy and the applicable coverage document, the coverage document will govern. 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 about this Coverage Policy may call Medica's Provider Service Center toll free at 1-800-458-5512.

Medica's Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Intradiscal Electrothermal Therapy (IDET) is investigative and therefore NOT COVERED.

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 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.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Decision Date:	3/24/2009
Re-Review Date(s):	03/24/2009
	02/13/2001
	01/28/2003
	03/28/2006

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