



INLAND EMPIRE HEALTH PLAN

**IEHP UM Subcommittee Approved Authorization Guidelines**  
***Intradiscal Electrothermal Annuloplasty for Discogenic Pain***

**Policy:**

Currently, available evidence is insufficient to determine the clinical significance of the IEA treatment. Based on this review, the IEHP UM Subcommittee concurred not to endorse Intradiscal Electrothermal Annuloplasty for Discogenic Pain as a covered benefit at this time.

**Medicare:**

Medicare includes IEA in its description of percutaneous thermal intradiscal procedures, which are non-covered for the treatment of low back pain.

**Med-Cal:**

Medi-Cal does not cover percutaneous annuloplasty (CPT codes 22526 and 22527).

**Background:**

Intradiscal electrothermal annuloplasty (IEA) is a minimally invasive procedure used to treat pain associated with degenerative disc disease. This outpatient procedure, performed under conscious sedation, involves catheter based electrothermal destruction of the dorsal annular wall.

**Effective Date:** *May 22, 2008*

**Reviewed Annually:** *November 9, 2016*

**Revised:**

March 3, 2010

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