

MUSCULOSKELETAL SYSTEM

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I. CPT¹ PROCEDURE CODES

20000 - 22505, 22532 - 22534, 22548 - 29863, 29870 - 29999

II. DESCRIPTION

The musculoskeletal system pertains to or comprises the skeleton and the muscles.

III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the musculoskeletal system are covered. FDA-approved surgically implanted devices are also covered.

B. Effective August 25, 1997, autologous chondrocyte implantation (ACI) surgery for the repair of clinically significant, symptomatic, cartilaginous defects of the femoral condyle (medial, lateral or trochlear) caused by acute or repetitive trauma is a covered procedure. The autologous cultured chondrocytes must be approved by the Food and Drug Administration.

C. Single or multilevel anterior cervical microdiscectomy with allogenic or autogenic iliac crest grafting and anterior plating is covered for the treatment of cervical spondylosis.

IV. EXCLUSIONS

A. Percutaneous vertebroplasty (CPT¹ procedure codes 22520-22522) is unproven.

B. Percutaneous kyphoplasty (CPT¹ procedure codes 22523-22525) for the treatment of vertebral fractures is unproven.

C. Meniscal transplant (CPT¹ procedure code 29868) for meniscal injury is unproven.

D. Ligament replacement with absorbable copolymer carbon fiber scaffold is unproven.

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TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 6.1

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- E. MosaicPlasty (CPT² procedure codes 29866 and 29867) is unproven.
- F. Prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents (HCPCS procedure code M0076) are unproven.
- G. Trigger point injection (CPT² procedure codes 20552, 20553) for migraine headaches.
- H. IDET (Intradiscal Electrothermal Therapy) for Chronic Discogenic Pain (0062T, 0063T) is unproven.
- I. Artificial intervertebral disc replacement for degenerative disc disease is unproven.

- END -

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