

## MUSCULOSKELETAL SYSTEM

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### I. CPT<sup>1</sup> PROCEDURE CODES

20000 - 22505, 22532 - 22534, 22548 - **28825, 28899** - 29863, **29866, 29867**, 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 (CPT<sup>1</sup> procedure codes 22520-**22525**) is unproven.

B. Percutaneous kyphoplasty (CPT<sup>1</sup> procedure codes 22523-22525) for the treatment of vertebral fractures is unproven.

C. Meniscal transplant (CPT<sup>1</sup> 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. Prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents (HCPCS procedure code M0076) are unproven.
- F. Trigger point injection (CPT<sup>2</sup> procedure codes 20552, 20553) for migraine headaches.
- G. IDET (Intradiscal Electrothermal Therapy) for Chronic Discogenic Pain (CPT<sup>2</sup> procedure codes 0062T and 0063T) is unproven.
- H. Botox (chemodenervation) for migraine headaches is unproven.
- I. Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace, cervical; single interspace (CPT<sup>2</sup> procedure code 0090T) each additional interspace (CPT<sup>2</sup> procedure code 0092T) is unproven.
- J. Removal of total disc arthroplasty anterior approach cervical; single interspace (0093T) each additional interspace (CPT<sup>2</sup> procedure code 0095T). Also see Chapter 4, Section 1.1.
- K. Artificial intervertebral disc replacement for degenerative disc disease (CPT<sup>2</sup> procedure code 0096T), each additional space (CPT<sup>2</sup> procedure code 0098T). Also see Chapter 4, Section 1.1.
- L. Extracorporeal shock wave, high energy involving the lantar fascia (CPT<sup>2</sup> procedure code 28890) because this is for a complication of a noncovered procedure. Also see Chapter 4, Section 1.1.

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