Chapter 4 Section 6.1

Musculoskeletal System

Issue Date: August 26, 1985
Authority: 32 CFR 199.4(c)(2) and (c)(3)

1.0 CPT[1] PROCEDURE CODES

20000 - 22505, 22520 - 22525, 22532 - 22534, 22548 - 28825, 28899 - 29863, 29866, 29867, 29870 - 29999

2.0 HCPCS CODES

S2360, S2361

3.0 DESCRIPTION

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

4.0 POLICY

4.1 Services and supplies required in the diagnosis and treatment of illness or injury involving the musculoskeletal system are covered. U.S. Food and Drug Administration (FDA) approved surgically implanted devices are also covered.

4.2 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 FDA.

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

4.4 Percutaneous vertebroplasty (CPT[1] procedure codes 22520-22522, S2360, S2361) and balloon kyphoplasty (CPT[1] procedure codes 22523-22525) are covered for the treatment of painful osteolytic lesions and osteoporotic compression fractures refractory to conservative medical treatment.

4.5 Total Ankle Replacement (TAR) (CPT[1] procedure codes 27702 and 27703) surgery is covered if the device is FDA approved and the use is for an FDA approved indication. However, a medical necessity review is required in case of marked varus or valgus deformity.

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5.0 EXCLUSIONS

5.1 Percutaneous vertebroplasty (CPT[2] procedure codes 22520 - 22525) is unproven.

5.2 Percutaneous kyphoplasty (CPT[2] procedure codes 22523 - 22525) for the treatment of vertebral fractures is unproven.

5.3 Meniscal transplant (CPT[2] procedure code 29868) for meniscal injury is unproven.

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

5.5 Prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents (HCPCS procedure code M0076) are unproven.

5.6 Trigger point injection (CPT[2] procedure codes 20552 and 20553) for migraine headaches.

5.7 IDET (Intradiscal Electrothermal Therapy) for Chronic Discogenic Pain (CPT[2] procedure codes 0062T and 0063T) is unproven.

5.8 Botox (chemodenervation), surgical denervation, and muscle resection for migraine headaches are unproven.

5.9 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace, cervical; single interspace (CPT[2] procedure code 22856) each additional interspace (CPT[2] procedure code 0092T) is unproven.

5.10 Removal of total disc arthroplasty anterior approach cervical; single interspace (CPT[2] procedure code 22864) each additional interspace (CPT[2] procedure code 0095T) is unproven. Also, see Section 1.1.

5.11 Artificial intervertebral disc revision including replacement for degenerative disc disease is unproven (CPT[2] procedure codes 22861 and 0098T).

5.12 Extracorporeal Shock Wave Therapy (ESWT) for the treatment of plant fasciitis or lateral epicondylitis is unproven.

5.13 XSTOP Interspinous Process Decompression System for the treatment of neurogenic intermittent claudication secondary to lumbar spinal stenosis is unproven.

5.14 Hip core decompression is unproven.

5.15 Femoroacetabular Impingement (FAI) open surgery, surgical dislocation (CPT[2] procedure codes 27140 and 27179), for the treatment of hip impingement syndrome or labral tear is unproven.

5.16 Hip arthroscopy (CPT[2] procedure code 29862) for the treatment of FAI and debridement of articular cartilage is unproven.

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6.0 EFFECTIVE DATE

6.1 February 6, 2006, for percutaneous vertebroplasty and balloon kyphoplasty.

6.2 May 1, 2008, for TAR.

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