CHAPTER 4
SECTION 6.1

MUSCULOSKELETAL SYSTEM

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I. CPT[1] PROCEDURE CODES

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

II. HCPCS CODES

S2325, S2360, S2361

III. DESCRIPTION

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

IV. POLICY

A. 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.

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 FDA.

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

D. 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.

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E. Total Ankle Replacement (TAR) (CPT[2] 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.

F. Core decompression of the femoral head (hip) for early (precollapse stage I or II) avascular necrosis may be considered for cost-sharing.

V. EXCLUSIONS

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

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

C. Prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents (Healthcare Common Procedure Coding System (HCPCS) procedure code M0076) are unproven.

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

E. 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.

F. 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 Chapter 4, Section 1.1.

G. Lumbar total disc arthroplasty (lumbar artificial intervertebral disc replacement, lumbar total disc replacement) for degenerative disc disease is unproven (CPT[2] procedure codes 22857, 22862, 0163T, 0164T, and 0165T).

H. Extracorporeal shock wave, high energy involving the plantar fascia (CPT[2] procedure code 28890).

I. X STOP Interspinous Process Decompression System for the treatment of neurogenic intermittent claudication secondary to lumbar spinal stenosis is unproven.

J. 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.

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

L. Femoroplasty (CPT[2] procedure code 29999) for the treatment of FAI syndrome is unproven.

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M. Osteochondral allograft of the humeral head with meniscal transplant and glenoid microfracture in the treatment of shoulder pain and instability is unproven.

N. Thermal Intradiscal Procedures (TIPs) (CPT[3] procedure codes 22526, 22527, 62287, and HCPCS code S2348) are unproven. TIPs are also known as: Intradiscal Electrothermal Annuloplasty (IEA), Intradiscal Electrothermal Therapy (IDET), Intradiscal Thermal Annuloplasty (IDTA), Percutaneous Intradiscal Radiofrequency Thermocoagulation (PIRFT), Coblation Percutaneous Disc Decompression, Nucleoplasty (also known as percutaneous radiofrequency (RF) thermomodulation or percutaneous plasma diskectomy), Radiofrequency Annuloplasty (RA), Intradiscal Biacuplasty (IDB), Percutaneous (or Plasma) Disc Decompression (PDD), Targeted Disc Decompression (TDD), Cervical Intradiscal RF Lesioning.

O. Total hip resurfacing (HCPCS code S2118) for treatment of degenerative hip disease is unproven.

VI. EFFECTIVE DATES

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

B. May 1, 2008, for Total Ankle Replacement (TAR).

C. May 1, 2008, for core decompression of the femoral head.

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