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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 155
6010.54-M
APRIL 5, 2012**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: CODING AND REIMBURSEMENT UPDATES

CONREQ: 15765

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: As indicated, otherwise upon direction of the Contracting Officer.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TRM, Change No. 147.

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**ATTACHMENT(S): 5 PAGE(S)
DISTRIBUTION: 6010.54-M**

CHANGE 155
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REMOVE PAGE(S)

CHAPTER 4

Section 6.1, pages 1 and 2

CHAPTER 7

Section 27.1, pages 1 through 3

INSERT PAGE(S)

Section 6.1, pages 1 and 2

Section 27.1, pages 1 through 3

SUMMARY OF CHANGES

CHAPTER 4

1. Section 6.1. Corrects a typographical error to HCPCS code.

CHAPTER 7

2. Section 27.1. Corrects CPT code from 64653 to 64611.

MUSCULOSKELETAL SYSTEM

ISSUE DATE: August 26, 1985

AUTHORITY: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

I. CPT¹ 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 microdiscectomy with allogenic or autogenic iliac crest grafting and anterior plating is covered for the treatment of cervical spondylosis.

D. Percutaneous vertebroplasty (CPT¹ procedure codes 22520-22522, S2360, S2361) and balloon kyphoplasty (CPT¹ 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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CHAPTER 4, SECTION 6.1

MUSCULOSKELETAL SYSTEM

E. Total Ankle Replacement (TAR) (CPT² 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 (CPT² 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 (CPT² procedure codes 20552 and 20553) for migraine headaches.

E. Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace, cervical; single interspace (CPT² procedure code 22856) each additional interspace (CPT² procedure code 0092T) is unproven.

F. Removal of total disc arthroplasty anterior approach cervical; single interspace (CPT² procedure code 22864) each additional interspace (CPT² 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 (CPT² procedure codes 22857, 22862, 0163T, 0164T, and 0165T).

H. Extracorporeal shock wave, high energy involving the plantar fascia (CPT² procedure code 28890).

I. X STOP Interspinous Process Decompression System (CPT² procedure codes 0171T and 0172T, HCPCS code C1821) for the treatment of neurogenic intermittent claudication secondary to lumbar spinal stenosis is unproven.

J. Femoroacetabular Impingement (FAI) open surgery, surgical dislocation (CPT² procedure codes 27140 and 27179), for the treatment of hip impingement syndrome or labral tear is unproven.

K. Hip arthroscopy with debridement of articular cartilage (CPT² procedure code 29862) for the treatment of FAI is unproven.

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BOTULINUM TOXIN INJECTIONS

ISSUE DATE: October 12, 1998

AUTHORITY: 32 CFR 199.4(c)(2)(iii) and (c)(2)(iv)

I. CPT¹ PROCEDURE CODES

46505, 64611 - 64614, 64640, 64653, 67345

II. HCPCS PROCEDURE CODES

J0585, J0587

III. DESCRIPTION

These procedures involve the injection of small amounts of botulinum toxin into selected muscles for the nonsurgical treatment of the conditions relating to spasticity, various dystonias, nerve disorders, and muscular tonicity deviations.

IV. POLICY

A. Botulinum toxin A (AbobotulinumtoxinA/OnabotulinumtoxinA) and Botulinum toxin B (RimabotulinumtoxinB) injections may be considered for cost-sharing for treating conditions such as cervical dystonia (repetitive contraction of the neck muscles) in decreasing the severity of abnormal head position and neck pain for patients 16 years and older.

B. Botulinum toxin A (OnabotulinumtoxinA) injections may be considered for cost-sharing for treating conditions such as blepharospasm (spasm of the eyelids/uncontrolled blinking) and strabismus (squinting/eyes do not point in the same direction) associated with dystonia, including benign essential blepharospasm or VII nerve disorders for patients 12 years of age and older.

C. Botulinum toxin A (OnabotulinumtoxinA) injections may be considered for cost-sharing for treating conditions such as severe primary axillary hyperhidrosis (severe underarm sweating) that is inadequately managed by topical agents for patients 18 years of age and older.

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D. Botox® (OnabotulinumtoxinA-chemodenervation-CPT² procedure code 46505) may be considered for off-label cost-sharing for the treatment of chronic anal fissure unresponsive to conservative therapeutic measures, effective May 1, 2007.

E. Botulinum toxin A (AbobotulinumtoxinA/OnabotulinumtoxinA) injections may be considered for off-label cost-sharing for the treatment of spasticity resulting from Cerebral Palsy (CP), effective November 1, 2008.

F. Botox® (OnabotulinumtoxinA) and Myobloc® (RimabotulinumtoxinB) injections may be considered for off-label cost-sharing for the treatment of sialorrhea associated with Parkinson disease patients who are refractory to, or unable to tolerate, systemic anticholinergics, effective October 1, 2009.

G. Botulinum toxin A (OnabotulinumtoxinA) injections for prophylaxis of headaches in adult patients with chronic migraine, which is defined as 15 days or more per month with headache lasting four hours a day or longer.

H. Botulinum toxin A (OnabotulinumtoxinA) injections to treat spasticity in flexor muscles of the elbow, wrist, and fingers (upper limb spasticity) in adults.

I. Botulinum toxin A (OnabotulinumtoxinA) injections for laryngeal dystonia (adductor spasmodic dysphonia) and oromandibular dystonia (jaw-closing dystonia) may be considered for cost-sharing.

V. EXCLUSIONS

A. Botulinum toxin A injections are unproven for the following indications:

1. Palmar hyperhidrosis.
2. Urinary urge incontinence.
3. Lower back pain/lumbago.
4. Episodic migraine, chronic daily headache, cluster headache, cervicogenic headache, and tension-type headache.

B. Botox® (OnabotulinumtoxinA-chemodenervation-CPT² procedure code 64612) for the treatment of muscle spasms secondary to cervical degenerative disc disease and spinal column stenosis is unproven.

C. Botox® (OnabotulinumtoxinA) used for cosmetic indications (e.g., frown lines and brow furrows) is excluded from coverage.

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VI. EFFECTIVE DATES

A. May 1, 2007, for coverage of chronic anal fissure unresponsive to conservative therapeutic measures (CPT³ procedure code 46505).

B. October 1, 2009, for coverage of sialorrhea associated with Parkinson disease patients who are refractory to, or unable to tolerate systemic anticholinergics (CPT³ procedure code 64653). **Effective January 1, 2011, use CPT³ procedure code 64611.**

C. October 15, 2010, coverage for prophylaxis of headaches in adult patients with chronic migraine, which is defined as 15 days or more per month with headache lasting four hours a day or longer.

D. March 9, 2010, coverage for spasticity in flexor muscles of the elbow, wrist, and fingers (upper limb spasticity) in adults.

E. November 14, 1990, coverage for laryngeal dystonia (adductor spasmodic dysphonia) and oromandibular dystonia (jaw-closing dystonia).

- END -

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