



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

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WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Spinal Ultrasound

Policy Number: HS-029

Original Effective Date: 7/3/2008

**Revised Date(s): 7/21/2009; 7/28/2010;
8/2/2011**

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Ultrasonography is a noninvasive imaging technique that relies on detection of the reflections or echoes generated as high-frequency sound waves are passed into the body. This technique is commonly used for a number of imaging purposes such as investigation of abdominal and pelvic masses, cardiac echocardiography, and prenatal fetal imaging. Less commonly, it has also been applied to detection of spinal and paraspinal disorders.

Subacute and chronic low back pain is a significant health problem, affecting 60% to 80% of adults in the United States at some time in their lives. In most cases, low back pain is temporary and can be relieved through rest and conservative therapy, but for 5% to 10% of patients, it becomes a chronic and disabling condition. In addition to being one of the leading reasons for visits to primary care physicians, low back pain is one of the most common reasons for nonsurgical hospital admissions in adults under 65 years of age. Low back pain is also a common cause of work-related disability.

There are several applications of spinal ultrasound. This technique has been used for patients with degenerative disc disease to determine whether back pain is a consequence of fissuring or herniation of the gelatinous discs that separate the vertebrae. Another application has been in the assessment of injuries to paraspinal ligaments after spinal fractures. In the United States, there are approximately 10,000 new cases of spinal cord injury per year, primarily due to motor vehicle accidents, violence, falls, or sports injuries. Destruction of motor and sensory neurons often results in paralysis and loss of sensation. The extent of these losses depends both on where the spinal cord is damaged and how extensive is the damage. Although ultrasonography has limited ability to reveal bone and tissues surrounding bone, it has been studied as a means to assess the posterior ligament complex that contributes to the maintenance of spinal stability. Finally, spinal ultrasonography has also been used for investigation of neonatal spinal dysraphism, a disorder resulting from incomplete closure of the neural tube during gestation. This type of birth defect occurs in approximately 2 per 1000 live births, and the resulting spinal disorders include spinal agenesis, low cord, tethered cord, hydromyelia, diastematomyelia, myelocystocele, and myelomeningocele.

Compared with computed tomography (CT) and magnetic resonance imaging (MRI), ultrasonography provides less detailed images of bone and the structures within and near bone. However, ultrasonography has the advantages of being simpler, more widely available, requiring no x-ray exposure, and having less susceptibility to patient movement. A large number of commercially available ultrasound devices can be used for spinal ultrasonography, including the following: the Aplio™ and the Nemio™ (Toshiba, Tokyo, Japan); Philips® HDI 5000 (Philips Medical Systems, N.A., Bothell, WA); and the ACUSON® Sequoia Echo 256 (Acuson Corp., Mountain View, CA). (Hayes, 2004).

POSITION STATEMENT

Spinal ultrasound **is considered medically necessary** for the following indications:

1. Intraoperatively, as guidance during spinal surgery; **OR**,
2. For diagnosis of suspected spinal dysraphism, spinal cord tumors, vascular malformations and birth-related trauma in newborns and infants.

Spinal ultrasound **is considered experimental and investigational and NOT a covered benefit** for the following indications:

1. All indications not listed above; **OR**,
2. Diagnosis and management of back pain (724.2, 724.5) and/or radiculopathy(729.2); **OR**,

3. Rehabilitation (V57.1) guidance for back pain(724.2, 724.5) and/or neuromusculoskeletal (355.9, 728.9, 733.90) disorders.

NOTE: Ultrasound is not indicated to visualize the neural placode and meninges in members with spina bifida aperta and meningocele or meningomyelocele due to the risk of injury and infection.

CODING

Covered CPT®* code

76800 Ultrasound, spinal canal and contents

Covered ICD-9 Procedure Code

88.79 Other Diagnostic Ultrasound

HCPCS Codes

No applicable codes.

Covered ICD-9 Diagnosis Codes

170.2 Malignant neoplasm of vertebral column, excluding sacrum and coccyx
192.2 Malignant neoplasm of spinal cord
192.3 Malignant neoplasm of spinal meninges
225.3 Benign neoplasm of spinal cord
225.4 Benign neoplasm of spinal meninges
237.5 Neoplasm of uncertain behavior of brain and spinal cord
741.00 - 741.93 Spina bifida
742.51 - 742.59 Other specified congenital anomalies of spinal cord
742.8 Other specified congenital anomalies of nervous system
754.2 Congenital musculoskeletal deformity of spine
756.17 Spina bifida occulta
767.4 Injury to spine and spinal cord, birth trauma

Non Covered ICD-9-CM Diagnosis Codes as outlined above

355.9 Mononeuritis of unspecified site; Causalgia; Complex regional pain syndrome
724.2 Lumbago; low back pain; low back syndrome; lumbalgia
724.5 Backache, unspecified
728.9 Unspecified disorder of muscle, ligament and fascia
729.2 Neuralgia, neuritis and radiculitis, unspecified
733.90 Disorder of bone and cartilage
V57.10 Other physical therapy; Therapeutic and remedial exercises, except breathing

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Hayes Alert. Ultrasonography for the Diagnosis of Spinal and Paraspinal Disorders. Volume VII, Number 4, April 2004.

Government Agencies, Professional and Medical Organizations

1. American Chiropractic Association. Diagnostic Ultrasound of the Adult Spine statement. 1996.
2. American College of Radiology. ACR Practice Guideline for the Performance of an Ultrasound Examination of the Neonatal Spine. ACR practice Guideline. October, 2007.
3. American College of Radiology. Statement on Spinal Ultrasound. 1996.
4. American Institute of Ultrasound in Medicine. Nonoperative Spinal/Paraspinal Ultrasound in Adults. 2002.
5. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD).

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.