



**BlueCross BlueShield
of Alabama**

Name of Policy:

Ultrasound of the Spinal Canal

Policy #: 069
Category: Radiology

Latest Review Date: November 2009
Policy Grade: **Active Policy but no longer
scheduled for regular
literature reviews and
updates.**

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

Ultrasound is a technique used to visualize structures deep within the body by recording echoes of ultrasonic wave pulses directed into the tissues. The sonic pulses have a frequency of between 1 and 10 megahertz, which are transmissible only through liquids or solids. There are several variations in technique for ultrasonography, such as continuous-wave Doppler echography, pulsed wave Doppler echography, and gray-scale echography.

Policy:

Ultrasound of the spinal column meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage in infants less than one year to evaluate the spinal canal for defects (i.e., spina bifida).

Ultrasound of the spinal column does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage and is considered **investigational** when the ultrasound is used for diagnosis of painful musculoskeletal conditions (e.g., sprain, strain, lumbago, myalgia, back pain, subluxation, scoliosis, sciatica, intervertebral disc displacement).

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

In 1995, the American Institute of Ultrasound Medicine (AIUM) issued the following statement:

“The AIUM recognizes that diagnostic ultrasound is a valuable tool in certain neonatal, fetal, perinatal, pediatric, neurologic and musculoskeletal disorders....There is insufficient evidence in the peer-reviewed medical literature establishing the value of diagnostic spinal ultrasound (for study of facet joints and capsules, nerve and fascial edema, and other subtle paraspinal abnormalities) for diagnostic evaluation, for evaluation of pain or radiculopathy syndromes, and monitoring of therapy has no proven clinical utility....Diagnostic spinal ultrasound should be considered investigational.”

In 1996, the American College of Radiology also issued this statement regarding the use of ultrasound technology for the evaluation of the spine and paraspinal regions in adults:

“While diagnostic ultrasound is appropriately used, 1) intraoperatively; 2) in the newborn and infants for the evaluation of the spinal cord and canal; and 3) for multiple musculoskeletal application in adults, there is currently no documented scientific evidence of the efficacy of this modality in the evaluation of the paraspinal tissues and the spine in adults.”

In 1996, the American Chiropractic Association issued the following statement regarding diagnostic spinal ultrasound:

“The application of diagnostic ultrasound in the adult spine in areas such as disc herniation, spinal stenosis and nerve root pathology is inadequately studied and its routine application for these purposes cannot be supported by the evidence at this time.”

In June, the American Institute of Ultrasound in Medicine approved the following statement on “Nonoperative Spinal/Paraspinal Ultrasound in Adults”:

There is insufficient evidence in the peer-reviewed medical literature establishing the value of non-operative spinal/paraspinal ultrasound in adults. Therefore, the AIUM states that, at this time, the use of non-operative spinal/paraspinal ultrasound in adults (for study of facet joints and capsules, nerve and fascial edema, and other subtle paraspinal abnormalities) for diagnostic evaluation, for evaluation of pain or radiculopathy syndromes, and for monitoring of therapy has no proven clinical utility.

Nonoperative spinal/paraspinal ultrasound in adults should be considered investigational. The AIUM urges investigators to perform proper double-blind research projects to evaluate the efficacy of these diagnostic spinal ultrasound examinations.

The AIUM endorses the American College of Radiology 2001 position statement on Non-operative Spinal/Paraspinal Ultrasound in Adults.

November 2009

A review of the specialty societies recommendations have remained the same: The American Academy of Neurology (AAN) no new updates, American Chiropractic Association and the American Chiropractic College of Radiology Guideline reviewed and re-adopted, 2005. The American Institute of Ultrasound in Medicine (AIUM) approved the following statement in April 2009:

“There is insufficient evidence in the peer-reviewed medical literature establishing the value of non-operative spinal/paraspinal ultrasound in adults (for study of intervertebral discs, facet joint and capsules, central nerves and fascial edema, and other subtle paraspinal abnormalities) for screening, diagnostic evaluation, including pain or radiculopathy syndromes, and for monitoring of therapy has no proven clinical utility.

Non-operative spinal/paraspinal ultrasound in adults should be considered investigational. The AIUM urges investigators to perform properly designed research projects to evaluate the efficacy of these diagnostic spinal ultrasound examinations”.

The policy statement remains unchanged.

Key Words:

Ultrasound, spinal column, echography, diagnostic ultrasound

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts: Special benefit consideration may apply. Refer to member's benefit plan.

FEP does not consider investigational if FDA approved. Will be reviewed for medical necessity.

Pre-certification/Pre-determination requirements: Not applicable

Current Coding:

CPT codes: **76800** Ultrasound, spinal canal and contents

References:

1. American Chiropractic Association. *ACCR Guideline for the Use of Diagnostic spinal Ultrasound*. American Chiropractic College of Radiology 2005.
2. American Institute of Ultrasound in Medicine. *Nonoperative spinal/paraspinal ultrasound in adults*. June 2002. <http://www.aium.org>.
3. American Institute of Ultrasound in Medicine. *Nonoperative spinal/paraspinal ultrasound in adults*, April 6, 2009. <http://www.aium.org/publications/statements.aspx>. Accessed September 28, 2009.
4. CareFirst Blue Cross Blue Shield, Medical Policy Reference Manual, *Ultrasound (Echography) of the spinal canal and contents*, September 30, 2001.
5. Gerscovich, Eugenio O., and McGahan, John P. *Ultrasound of the spinal canal in the young child*, Applied Radiology, March 2001, Vol. 30, No. 3.
6. Nazarian, Levon N., Zegel, Harry G., et al. *Paraspinal ultrasonography: Lack of accuracy in evaluating patients with cervical or lumbar back pain*, J Ultrasound Med, 1998, 17:117-122.
7. Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Review of the literature on spinal ultrasound for the evaluation of back pain and radicular disorders*, Neurology, August 1998, Vol. 51, No. 2, pp. 343-344.

Policy History:

Medical Policy Group, October 2002 (1)

Medical Policy Administration Committee, October 2002

Available for comment November 13-December 26, 2002

Medical Policy Group, November 2005 (1)

Medical Policy Group, November 2007 (1)

Medical Policy Group, November 2009 (1)

Medical Policy Group, September 2012 (3): Active Policy but no longer scheduled for regular literature reviews and updates.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.