



BlueCross BlueShield
of Alabama

Name of Blue Advantage Policy:
Ultrasound of the Spinal Canal

Policy #: 069

Latest Review Date: June 2023

Category: Radiology

ARCHIVED 11/1/2023

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

- 1. Safe and effective;*
- 2. Not experimental or investigational*;*
- 3. Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - Furnished in a setting appropriate to the patient's medical needs and condition;*
 - Ordered and furnished by qualified personnel;*
 - One that meets, but does not exceed, the patient's medical need; and*
 - At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

For dates of service on or after November 1, 2023:

For ultrasound of the spinal column in infants less than one year to evaluate the spinal canal for defects (i.e., spina bifida), refer to [CMS Reasonable and Necessary](#).

For ultrasound of the spinal column used for diagnosis of painful musculoskeletal conditions (e.g., sprain, strain, lumbago, myalgia, back pain, subluxation, scoliosis, sciatica, intervertebral disc displacement), refer to [CMS Manual 100-02, Chapter 16 - General Exclusions from Coverage](#).

For dates of service prior to November 1, 2023:

Blue Advantage will treat **ultrasound of the spinal column** as a **covered** benefit in infants less than one year to evaluate the spinal canal for defects (i.e., spina bifida).

Blue Advantage will treat **ultrasound of the spinal column** as a **non-covered** benefit and as **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 Advantage 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 Advantage administers benefits based on the members' contract and 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.

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.

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 paraspinalous

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.

Per 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”.

Practice Guidelines and Position Statements

American Institute of Ultrasound in Medicine (AIUM)

In the AIUM’s 2014 official statement, the AIUM states that, at this time, the use of non-operative spinal/paraspinal ultrasound in adults (for study of intervertebral discs, facet joints and capsules, central nerves and fascial edema, and other subtle paraspinous abnormalities) for diagnostic evaluation, for screening, diagnostic evaluation, including pain or radiculopathy syndromes, and for monitoring of therapy has proven clinical utility.

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.

CURRENT CODING

CPT Codes

76800	Ultrasound, spinal canal and contents
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REFERENCES:

1. American Chiropractic Association. ACCR Guideline for the Use of Diagnostic spinal Ultrasound. 2005. American Chiropractic College of Radiology.
2. American Institute of Ultrasound in Medicine. Nonoperative spinal/paraspinal ultrasound in adults. June 2002. www.aium.org.
3. American Institute of Ultrasound in Medicine. Nonoperative spinal/paraspinal ultrasound in adults. April 6, 2009. www.aium.org/publications/statements.aspx.
4. American Institute of Ultrasound in Medicine (AIUM). Nonoperative spinal/paraspinal ultrasound in adults. April 2014. www.aium.org/officialStatements/18.
5. CareFirst Blue Cross Blue Shield, Medical Policy Reference Manual, Ultrasound (Echography) of the spinal canal and contents, September 30, 2001.

6. Gerscovich, Eugenio O., and McGahan, John P. Ultrasound of the spinal canal in the young child, *Applied Radiology*, March 2001; 30(3).
7. IOM (Institute of Medicine). 2011. *Clinical Practice Guidelines We Can Trust*. Washington, DC: The National Academies Press.
8. 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.
9. 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, 51(2): 343-344.

POLICY HISTORY:

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14, 2005

Medical Policy Group, November 2007

Medical Policy Group, November 2009

Medical Policy Group, September 2012

Medical Policy Group, September 2016

Medical Policy Group, July 2019

Medical Policy Group, June 2021

Medical Policy Group, July 2022: Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, June 2023: Reviewed by consensus. There is no new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, November 2023: Archived effective 11/1/2023.

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.