COVERAGE:

Ultrasound of the spine and paraspinal tissues is considered medically necessary when:

- Performed during intraoperative spine procedures
- In the evaluation of the spinal cord and canal for abnormalities such as spina bifida or tumors of the spine.

Spinal ultrasound when used to scan the spinal region for evaluation of soft tissue injury and inflammation is not eligible for coverage because it is considered experimental and investigational.

DESCRIPTION:

**Spinal ultrasound** is a diagnostic tool used in the evaluation of and monitoring therapy of patients with back pain or radicular symptoms. The patient is placed in a prone position with arms positioned lateral. Starting with the cervical region of the spine, a technician palpates the spine descending along each vertebral body. Scanning of each vertebral body occurs with the application of a coupling gel to the skin and proceeding onward with scanning and identification of the corresponding area being viewed. Each region of the spine, (cervical, thoracic and lumbosacral) is scanned focusing in on areas of inflammation and pain.

RATIONALE:

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. Claims or inferences that the use of spinal or paraspinal ultrasound is as advantageous or more advantageous or has a greater diagnostic accuracy than established procedures such as computed tomography (CT) or magnetic resonance imaging (MRI) cannot be made based on recognized medical research.

PRICING:

None

REFERENCES:

- "Review of the literature on spinal ultrasound for the evaluation of back pain and radicular disorders. Report of the Therapeutics
SPINAL ULTRASOUND
RAD602.016
BlueReview POSTED DATE: 11/17/2003
EFFECTIVE DATE: 2/27/2004


DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.