

Musculoskeletal Program Policy Updates

For Health Care Professionals

January 2016

To help ensure our customers receive cost-effective and medically necessary care, we are committed to implementing programs that better align our coverage and administrative policies to the most up-to-date evidence-based medical literature and industry standards. As part of these efforts, we will implement a musculoskeletal precertification program, beginning January 1, 2016.

As a result of this new precertification program, our coverage policies related to musculoskeletal services will now be managed by eviCore healthcare (formerly CareCore | MedSolutions). This will result in updated coverage for certain services, as outlined below.

Additional details about the affected services

- A full list of services and CPT® codes included in our musculoskeletal program can be found at medsolutions.com/implementation/Cigna.
- Information about our precertification and coverage guidelines can be found at medsolutions.com/CignaGuidelines.

Overview of musculoskeletal coverage policy updates, effective January 1, 2016

Existing Cigna coverage policy	Related eviCore musculoskeletal guideline	Associated precertification codes effective January 1, 2016 (Note: red font = already on precertification list)	Coverage implications	Cigna policy status effective January 1, 2016
CP 0139 Minimally Invasive Treatment of Back and Neck Pain	CMM 200 Epidural Steroid Injections	62310, 62311, 62318, 62319, 64479, 64480, 64483, 64484, 0228T, 0229T, 0230T, 0231T	<p>No change to conditions covered or not covered.</p> <p>Procedures that will now require review for medical necessity as part of the new precertification requirements include:</p> <ul style="list-style-type: none"> • Epidural Steroid Injections • Facet Joint Injections / Medial Branch Blocks • Sacroiliac Joint Injections • Epidural Adhesiolysis • Radiofrequency Joint Ablations/Denervations • Regional Sympathetic Blocks <p>What's new:</p> <ul style="list-style-type: none"> • The performance of multiple types of injections (e.g., facet, sacroiliac) is considered not medically necessary on the same day of service when performing other spinal injections in the same region. • Facet joint injections are limited to injections of no more than three levels during the same treatment session. • Sacroiliac injections are limited to four 	<p>CP 0139 Minimally Invasive Treatment of back and Neck Pain will be reduced in scope to include the following procedures:</p> <ul style="list-style-type: none"> • Trigger point injections • Intradiscal steroid injection • Percutaneous and Endoscopic laminectomy and Disc Decompression Procedures • Thermal Intradiscal Procedures • Devices for annular repair (e.g., Inclose™ Surgical Mesh System, Xclose™ Tissue Repair System (Anulex Technologies, Inc., Minnetonka, MN)) • Epiduroscopy, epidural myelography, epidural spinal endoscopy (CPT® code 64999)
	CMM 201 Facet Joint Injections - Medial Branch Blocks	64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T		
	CMM 203 Sacroiliac Joint Injections	27096, G0260		
	CMM 207 Epidural Adhesiolysis	62263, 62264 , 62280, 62281, 62282		
	CMM 208 Radiofrequency Joint Ablations-Denervations	64620, 64633, 64634, 64635, 64636		

	CMM 209 Regional Sympathetic Blocks	64510, 64520	<p>injections per year for chronic sacroiliac pain.</p> <ul style="list-style-type: none"> Radiofrequency joint denervations/ablation is limited to no more than three levels during the same treatment session. 	<ul style="list-style-type: none"> Intradiscal and/or paravertebral oxygen/ozone injection percutaneous
CP 0347 Knee Arthroplasty / Replacement	CMM 311 Knee Arthroplasty - Total & Partial	27437,27438,27440,27441,27442,27443,27445,27446,27447,27486,27487,27488,27580	<p>No change to conditions covered or not covered.</p> <p>Procedures that will now require review for medical necessity as part of the new precertification requirements include:</p> <ul style="list-style-type: none"> Total knee replacement Partial knee replacement Revision total knee replacement Revision partial knee replacement Unispacer 	<p>CP 0515 Musculoskeletal Procedures (new coverage policy) created to include the following content:</p> <ul style="list-style-type: none"> Articular Cartilage Repair Procedures Bone or Cartilage Filler Materials Ligament/Meniscus Reconstruction Procedures Miscellaneous Knee Procedures (Customized Knee Replacement, Minimally Invasive Knee Replacement and Focal Resurfacing of a Knee Joint)
CP 0370 Implantable Infusion Pumps	CMM 210 Implantable Intrathecal Drug Delivery System	62318, 62319, 62350, 62351, 62355, 62360, 62361, 62362, 62365, 62367, 62368, 95990, 95991, E0782, E0783, E0785, E0786	<p>No change to conditions covered or not covered.</p> <p>Procedures that will now require review for medical necessity as part of the new precertification requirements include:</p> <ul style="list-style-type: none"> Trial of implantable intrathecal or epidural drug delivery system Permanent implantable intrathecal or epidural drug delivery system 	<p>CP 0370 Implantable Infusion Pumps for Non-Pain Conditions will be reduced in scope to include the following procedures:</p> <p>Permanent implantable infusion pump and supplies for:</p> <ul style="list-style-type: none"> Intrahepatic arterial infusion of chemotherapeutic drugs Administration of insulin for diabetes Administration of antibiotics for osteomyelitis Administration of heparin for thromboembolic disease
CP 0380 Spinal Cord and Implanted Peripheral Nerve Stimulation	CMM 211 Spinal Cord Stimulators	63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64581, 95970, 95971, 95972, 95973, C1767, C1778, C1787, C1816, C1820, C1883, C1897, L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, L8695	<p>No change to conditions covered or not covered.</p> <p>Procedures that will now require review for medical necessity as part of the new precertification requirements include:</p> <ul style="list-style-type: none"> Short term trial of a dorsal spinal cord stimulator Permanent implantation of a dorsal spinal cord stimulator Dorsal Column Spinal Cord Stimulator Replacement 	<p>Will be retired on January 1, 2016.</p>

CP 0485 Hip Surgery for Femoroacetabular Impingement (FAI) Syndrome	CMM 314 Hip Surgery - Arthroscopic and Open Procedures	26990, 26991, 26992, 27000, 27001, 27003, 27005, 27006, 27025, 27027, 27030, 27033, 27035, 27036, 27040, 27041, 27043, 27045, 27047, 27048, 27049, 27050, 27052, 27054, 27057, 27059, 27060, 27062, 27065, 27066, 27067, 27070, 27071, 27075, 27076, 27077, 27078, 27080, 27086, 27087, 27097, 27098, 27100, 27105, 27110, 27111, 27120, 27122, 27140, 27146, 27147, 27151, 27156, 27158, 27161, 27165, 27170, 27175, 27176, 27177, 27178, 27179, 27181, 27185, 27187, 29860, 29861, 29862, 29863, 29914, 29915, 29916	Procedures that will now require review for medical necessity as part of the new precertification requirements include: <ul style="list-style-type: none"> • Arthroscopic hip surgery • Open hip surgery 	Will be retired on January 1, 2016.
CP 0071 Allograft Transplantation of the Knee	CMM 312 Knee Surgery: Arthroscopic and Open	27301, 27303, 27305, 27306, 27307, 27310, 27323, 27324, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350, 27355, 27356, 27357, 27358, 27360, 27364, 27365, 27372, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435, 27448, 27450, 27454, 27455, 27457, 27465, 27466, 27468, 27470, 27472, 27475, 27477, 27479, 27485, 27495, 27496, 27497, 27498, 27499, 29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	No change to conditions covered or not covered.	CP 0515 Musculoskeletal Procedures (new coverage policy) created to include the following content: <ul style="list-style-type: none"> • Articular Cartilage Repair Procedures • Bone or Cartilage Filler Materials • Ligament/Meniscus Reconstruction Procedures • Miscellaneous Knee Procedures (Customized Knee Replacement, Minimally Invasive Knee Replacement and Focal Resurfacing of a Knee Joint)
CP 0105 Chondrocyte Implantation of the Knee				
CP 0197 Osteochondral Grafts for Articular Cartilage Repair (Autografts, Allografts, and Synthetic Grafts)				
0032 Arthroscopic Lavage and Debridement of the Knee				
No related Cigna coverage policy	CMM 313 Hip Arthroplasty - Total and Partial	27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27090, 27091, 27282, 27284, 27286	Procedures that will now require review for medical necessity as part of the new precertification requirements include: <ul style="list-style-type: none"> • Partial hip resurfacing arthroplasty • Total hip resurfacing arthroplasty • Metal-on-metal and ceramic-on-ceramic total hip replacement • Partial hip arthroplasty • Total hip Arthroplasty • Total hip revision 	N/A
No related Cigna coverage policy	CMM 315 Shoulder Surgery - Arthroscopic and Open Procedures	23000, 23020, 23030, 23031, 23035, 23040, 23044, 23065, 23066, 23071, 23073, 23075, 23076, 23077, 23078, 23100, 23101, 23105, 23106, 23107, 23120, 23125, 23130, 23140, 23145, 23146, 23150, 23155, 23156, 23170, 23172, 23174, 23180, 23182, 23184, 23190, 23195, 23200, 23210, 23220, 23395, 23397, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462,	Procedures that will now require review for medical necessity as part of the new precertification requirements include: <ul style="list-style-type: none"> • Diagnostic arthroscopy • Rotator cuff repair • Labral tear/bicipital tendonitis/tendonopathy/debridement or repair • Subacromial 	N/A

		23465, 23466, 23480, 23485, 23490, 23491, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828	decompression/acromioplasty/distal clavicular excision <ul style="list-style-type: none"> • Arthroscopic capsular release/manipulation under anesthesia (MUA)/adhesive capsulitis • Arthroscopic or open procedures for chronic shoulder instability/laxity 	
No related Cigna coverage policy	CMM 318 Shoulder Arthroplasty Arthrodesis	23330, 23333, 23334, 23335, 23400, 23470, 23472, 23473, 23474, 23800, 23802, 29819	Procedures that will now require review for medical necessity as part of the new precertification requirements include: <ul style="list-style-type: none"> • Hemi-arthroplasty • Total shoulder arthroplasty • Reverse shoulder arthroplasty • Shoulder resurfacing • Shoulder revision of previous shoulder arthroplasty • Shoulder arthrodesis 	N/A
No related Cigna coverage policy	CMM 204 Prolotherapy	M0076	No change to current intent of coverage. Procedures that will now require review for medical necessity as part of the new precertification requirements include: <ul style="list-style-type: none"> • Prolotherapy for any indication 	N/A