COLORADO PAIN SOCIETY NEWSLETTER #5 – Medical Policies

PRIOR AUTHORIZATION / MEDICAL COVERAGE POLICIES (Includes interventional spine, trigger point injections, and advanced imaging)

It has become increasingly important for providers and their staff to have a working knowledge of carriers' medical policies, provide thoughtful documentation that supports medical necessity, and be able to educate patients, staff, and referral sources on the allowable prescribing, imaging, or clinical performance parameters related to requested medical care. Efficiently navigating this process leads to staff and provider time and cost savings, greater patient, provider, and referral source satisfaction, and, most often, appropriate, cost-effective care.

Included below are links to some major carriers' interventional pain, imaging and other medical policies, and summaries of Medicare policies related to facet and sacroiliac joint procedures and trigger point and epidural steroid injections. Although the private insurance carriers' policies often mirror those of Medicare, there are usually a few differences of significance within each of the medical policies. Please follow these links, and explore other carrier medical coverage policies, as well. This is meant to be a working document that can be a handy tool for your providers and staff for "real-time" use within your office setting.

Spine [and other] imaging medical policies and the associated prior authorization methods have evolved. Many are now setting a resubmission waiting time interval before denied advanced imaging requests can be resubmitted. Provider, staff, and patient education regarding this process can lead to greater success and efficiency of first-time requests. Most often, a period of 4-6 weeks of provider supervised conservative care (often specifying PT and NSAIDs), radicular or claudication symptoms +/- signs, and a sufficient degree of pain or disability are required. Exceptions can be made, through clear documentation or peer to peer appeal, when severe pain, disability, inability to participate in PT, or severe neurological findings or other red flags are present.

Key Policy Points to Attend To:
Medical necessity (clinical features and prior care)
Attention to criteria for repeat procedures and frequency (# per rolling year)
Some imaging policies require a waiting period (weeks) after denied request.
Search and document outside injections and PT etc.

Interventional Pain Medicine Policy Links:

Medicare (MC): Novitas Solutions Jurisdiction H;
https://www.novitas-solutions.com/webcenter/portal/MedicareJH
> Part B Provider > LCD/Policy Search > Medical Policy Search Tool >
Enter CPT of procedure in search bar:

Facet Procedures:
64490 (Cervical/Thoracic MBB/Facet), 64493 (LMBB), 64635 (C/T RFA), 64635 (LRFA),
Epidural Steroid Injections:
62321 (C/T Interlaminar ESI), 62323 (LILESI), or 64479 (CTFESI), 64483 (LTFESI)
Trigger Point Injections
20552 (Trigger point injections)
Sacroiliac Joint Injections
27096 (sacroiliac joint block0, 64451 (sacral nerve blocks), 64625 (SIJ RFA – non-covered)

Medicare SIJ Procedure Coding Article
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59154&ver=8&

BCBS General (AIM; Not all BCBS plans follow these guidelines):
https://aimspecialtyhealth.com/resources/clinical-guidelines/musculoskeletal/

BCBS: Carelon 1.2024 MSK/Spine (Not all BCBS plans follow these guidelines):
https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/

BCBS: Carelon Spine Imaging (Not all BCBS plans follow these guidelines):
https://guidelines.carelonmedicalbenefitsmanagement.com/imaging-of-the-spine-2023-09-10/

United Healthcare (UHC) Medicare Advantage Pain Management and Rehab:
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/pain-management-rehabilitation.pdf

UHC ESI:
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/epidural-steroid-injections-spinal-pain.pdf

UHC: Facet / Medial Branch Blocks:
https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/facet-joint-injections-spinal-pain.pdf

UHC: Comprehensive Imaging Guidelines:
https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/radiology/UHCCP-Radiology-Cardiology-Guidelines-July-2023.pdf

Cigna (Evicore - all medical policies) https://www.evicore.com/cigna

Cigna Spine Imaging https://d23l36htrrhty7.cloudfront.net/s3fs-public/clinical-guidelines/2024-01/Cigna_Spine%20Imaging%20Guidelines_V1.0.2024_eff02.01.2024_pub11.02.23_up01.19.2024.pdf

Aetna TFESI http://www.aetna.com/cpb/medical/data/700_799/0722.html

Aetna Facet Injections, SIJI, RFA, ILESI, TPI, others
http://www.aetna.com/cpb/medical/data/1_99/0016.html

Aetna Advanced Imaging of the Spine:
https://www.aetna.com/cpb/medical/data/200_299/0236.html

Humana Medical Policies:
https://apps.humana.com/tad/tad_new/home.aspx?type=provider

Colorado Workers' Compensation Medical Treatment Guidelines

These treatment guidelines are well referenced, good source of evidence informed pain management, diagnostic, and treatment information for a wide variety of painful conditions.
https://cdle.colorado.gov/medical-providers/medical-treatment-guidelines

MEDICARE SPINE AND TRIGGER POINT PROCEDURE MEDICAL POLICY HIGHLIGHTS:

Facet (zygapophysial joint) Procedures 64490-95, 64633-36 (Medicare)

1. Indications (document): a) 3 months of conservative care, b) moderate to severe axial pain with functional limitation, c) no untreated radicular pain or claudication (unless facet cyst related), d) no other known cause of functional limitation
2. Save images; must use contrast; "hot" RFA only (not pulsed)
3. Medial branch blocks (MBBs) for diagnosis, intended radiofrequency ablation (RFA)
4. Intra-articular facet blocks after 2 sets of MBB (80% relief), justify no RFA (anatomic barrier, electrical device); repeat if 50% relief for 3 months
5. Facet cyst lysis or aspiration: use 64999, may perform with ESI; May be repeated once if 50% relief for 3+ months
6. **MBB/Facet: 4 sets per 12 months per region**
7. **RFA if 2 sets of MBBs with 80% relief; 2 sets per 12 months per region; 50% relief for 6 months**
8. Two levels covered, must justify 3rd level on appeal (initial denial)

Facet Joint Interventions LCD:
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34892&ver=113

Transforaminal and Interlaminar Epidural Injections 64479-84, 62321, -23 (Medicare, Cervical, Thoracic, Lumbar)

1. Indications (document):
a. Radicular pain,
b. Neurogenic claudication,
c. Post laminectomy syndrome,
d. LBP with central or lateral disc herniation, high grade annular tears, facet hypertrophy or osteophytes causing canal or foraminal stenosis (not bulge or minor annular tear),
e. Herpetic neuralgia
f. Significant pain causing functional impairment,
g. **Failure of 4 weeks of CM** (exceptions: moderate pain with work/functional loss, severe pain, unable to tolerate non-surgical care, prior successful LESI for same condition)
2. Contraindications:
a. Major risk factors, history, or strong clinical suspicion of cancer
b. Spinal infection risk factors (new spine pain with fever, recent infection, IV drug abuse, immunosuppression)
c. Signs of cauda equina syndrome (new urine retention, bowel incontinence, saddle anesthesia, rapidly progressing neurological deficits) or cervical myelopathy,
d. Co-existing medical conditions (medical, spine mass or trauma, coagulopathy, presenting CNS pathology symptoms)
3. Procedural requirements:
a. Image guidance, contrast (unless contraindicated), save images
b. Local anesthetic alone (SNRB with post-block pain assessment), or maximum 80 mg triamcinolone, 80 mg methylprednisolone, 12 mg betamethasone, 15 mg dexamethasone per session
c. **2 TFESI sites** (one level bilateral, 2 levels unilateral); 1 ILESI; cannot combine TF/IL
d. **Repeat if 50% relief for 3 months**
e. **If no relief, second ESI allowed after reassessment of patient and technique (different target or approach (TF vs. IL); must wait two weeks)**

Epidural Steroid Injections LCD:
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36920
Local Coverage Article:
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56681

Sacroiliac Joint Procedures

Covered Indications for Diagnostic SIJ Injections:

Moderate to severe low back pain primarily experienced over the anatomical location of the SI joints between the upper level of the iliac crests and the gluteal fold, AND
Low back pain duration of at least three (3) months, AND

Low back pain below L5 without radiculopathy, AND
Clinical findings and/or imaging studies do not suggest any other diagnosed or obvious cause of the lumbosacral pain (such as central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, or pain related to spinal instrumentation), AND
At least three positive findings with provocative maneuvers: FABER, Gaenslen, Thigh Thrust or Posterior Shear, SI Compression, SI Distraction and Yeoman Tests,3,4 AND
Low back pain persists despite a minimum of four weeks of conservative therapies.5

Therapeutic SIJ Injections:

Therapeutic SIJI will be considered medically reasonable and necessary for patients who meet ALL the following criteria:

The patient must meet the above criteria of Covered Indications for SIJI, AND
The diagnostic SIJI provided a minimum of 75% relief of primary (index) pain with the diagnostic SIJI (a positive diagnostic response is defined as ≥75% sustained and constant pain relief for the duration of the local anesthetic and ≥75% sustained and constant pain relief for the duration of the anti-inflammatory steroid) was measured by the SAME pain scale* at baseline. The measurements of pain were taken pre-injection on the day of the diagnostic SIJ injection, post-intervention on the day of the diagnostic injection, and the days following the diagnostic SIJ injection to substantiate and corroborate consistent pain relief for the duration of the local anesthetic and/or steroid used, AND
Subsequent therapeutic SIJI are considered medically reasonable and necessary when the subsequent SIJI are provided at the same anatomic site as therapeutic SIJI, AND the therapeutic SIJI produced **at least consistent 50% pain relief or at least 50% consistent improvement in the ability to perform previously painful movements and activities of daily living (ADLs) for at least three (3) months** from the proximate therapeutic SIJI procedure and compared to baseline measurements for ADLS and painful movements or pain relief using the same pain scale* AND
The SI joint injections must be performed under CT or fluoroscopy image guidance with contrast, except ultrasound guidance may be considered reasonable and necessary when there is a documented contrast allergy or pregnancy, since the accuracy with ultrasound guidance is inferior to fluoroscopic guidance,6

Limitations: No more than four (4) therapeutic SIJI sessions, unilateral or bilateral, will be reimbursed per rolling 12 months. To clarify, a therapeutic SIJI session if performed on one side first and then on the opposite side at a different session would qualify as two (2) sessions for the limitation of four (4) therapeutic SIJ sessions per rolling 12 months.

Sacroiliac Joint Procedures LCD:
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=39475&ver=5

SIJ lateral branch RF ablation is not currently covered by Medicare.

Trigger Point Injections

Trigger points are self-sustaining hyper irritative foci within skeletal muscle that arise in response to acute or chronic overload. The diagnosis of TPs requires a detailed history and physical examination. The following symptoms and findings may be present:

History of onset of the painful condition and its presumed cause (e.g., injury or sprain)
Distribution pattern of pain consistent with the referral pattern of trigger points
Range of motion restriction
Muscular deconditioning in the affected area
Focal tenderness of a trigger point
Palpable taut band of muscle in which trigger point is located
Local taut response to snapping palpation
Reproduction of referred pain pattern upon stimulation of trigger poin

Covered Indications:

When noninvasive management is unsuccessful.
As a bridging therapy or single therapeutic maneuver
When joint movement is physically blocked as with the coccygeus muscle

Limitations:

No coverage for prolotherapy
When a given site is injected, it will be considered one injection service, regardless of the number of injections administered.

Utilization Guidelines:

No more than three sessions in three months.
Documentation must support the indications, diagnosis, and frequency of injections.

Trigger Point Injections LCD
https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35010
Local Coverage Article
https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57751&ver=20

Working knowledge of these and other carrier's policies has become critically important. Please become familiar with the medical policies, and then educate your staff and providers, as well as referring physicians, on the documentation and medical necessity parameters of your commonly performed procedures (as well as medications, imaging, and conservative care).

Global Period

This term refers to the period of time that begins up to 24 hours before a surgical procedure starts. It ends at a period of time after the procedure has ended. That period varies based on the nature of the procedure, during which follow-up care is included in the payment for the procedure, and not separately payable. That care is considered “bundled” into the global surgery fee.

- **Modifier 24 indicates the provider performed an unrelated E/M service during the post-operative period (0,10,90 day global)**
- **Append modifier 24 to the appropriate level of E/M service**

What is not covered/billable during a global period:

Follow up visit for procedure with a global period. If due to complications only hospital admission/re-admission is allowed/covered.

Follow up visit or subsequent procedure for related diagnosis of procedure with global period.

Example: PNS with 90-day global performed for chronic pain syndrome and neuralgia. Any office visit or procedure within the 90-day global period listing either diagnosis would be "related".

Example: L/S RFA performed for Spondylosis w/out myelopathy or radiculopathy lumbar region. Any office visit or procedure within the 10-day global period listing a lumbar region diagnosis would likely be "related".

Please note the SIJ RFA cannot be performed with any other procedure on the same day and is considered part of the Lumbar/Sacral "region" when frequency limitations are applied. This means if 2 lumbar RFAs have already been performed in a 12-month period the SIJ RFA will likely not be allowed.

Physical Therapy is allowed during a global period.

To "unbundle" an unrelated office visit from a global procedure the documentation is required and must clearly state why the visit is unrelated. If the Reason for Appointment states it is a "follow up for [global procedure]" the visit will not be unbundled.

Global Surgery Booklet (includes links to fee schedules and global periods)
https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/globalsurgeryicn907166.pdf

Global Periods

CPT	Descripton	Global Period

63650	SCS Trial or Perm	10
63685	Insert/replace Perm Pulse Generator	10
63655	PNS Trial or Perm	90
63661	Remove percutaneous electrodes	10
63662	Remove paddle electrodes	90
63688	Remove Pulse Generator	10
27278	SIJ Posterior Fusion	90
0275T	MILD	90
22869	Vertiflex	90
64633 64634	RFA C/T	10
64635 64636	RFA L/S (to S1 only)	10
64625	RFA SIJ	10

COLORADO PAIN SOCIETY ANNUAL CHRONIC PAIN CONFERENCE 2024 – Save The Date

Join us October 11-13, 2024, at The Hythe in Vail, CO for CME and camaraderie. Meeting details to follow.

CLOSING

Please provide your feedback, ideas, and new member referrals. We hope to see you at the CPS Annual Meeting. Practitioners interested in joining or updating their memberships may contact Annellie at copainsociety@gmail.com or go to https://coloradopainsociety.org/membership/.

Sincerely,

J. Scott Bainbridge, MD and the CPS Board of Directors