## Coverage Summary

**Pain Management and Pain Rehabilitation**

<table>
<thead>
<tr>
<th>Policy Number: P-007</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 07/16/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 04/18/2017</td>
<td></td>
</tr>
</tbody>
</table>

### Related Medicare Advantage Policy Guidelines:

- Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1)
- Autogenous Epidural Blood Graft (NCD 10.5)
- Epidural Injection
- Inpatient Hospital Pain Rehabilitation Programs (NCD 10.3)
- Outpatient Hospital Pain Rehabilitation Programs (NCD 10.4)
- Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (NCD 150.7)
- Ultrasound and Fluoroscopic Paravertebral Facet Joint Injections

---

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making healthcare decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

## INDEX TO COVERAGE SUMMARY

<table>
<thead>
<tr>
<th>I. COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inpatient Pain Rehabilitation Programs</td>
</tr>
<tr>
<td>2. Outpatient Pain Rehabilitation Program</td>
</tr>
<tr>
<td>3. Examples of Pain Rehabilitation Programs</td>
</tr>
<tr>
<td>4. Autogenous Epidural Blood Graft</td>
</tr>
<tr>
<td>5. Peripheral Nerve Stimulators</td>
</tr>
<tr>
<td>6. Massage Therapy</td>
</tr>
<tr>
<td>7. Pain Pumps</td>
</tr>
<tr>
<td>8. Epidural Injections</td>
</tr>
<tr>
<td>a. Lumbar– Transforaminal</td>
</tr>
<tr>
<td>b. Cervical and Thoracic Epidural Injections</td>
</tr>
<tr>
<td>c. Other Epidural Injections/Infusions</td>
</tr>
<tr>
<td>9. Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation</td>
</tr>
<tr>
<td>a. Diagnostic and Therapeutic</td>
</tr>
<tr>
<td>b. Paravertebral Joint/Nerve Denervation</td>
</tr>
<tr>
<td>10. Trigger Point Injections</td>
</tr>
<tr>
<td>11. Sacroiliac (SI) Joint Injections</td>
</tr>
<tr>
<td>12. Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton’s Neuroma</td>
</tr>
<tr>
<td>13. Injection, Anesthetic Agent, Greater Occipital Nerve</td>
</tr>
<tr>
<td>14. Decompression; Unspecified Nerve and Transection or Avulsion of; Greater Occipital Nerve for Treatment of Headaches</td>
</tr>
<tr>
<td>15. Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain</td>
</tr>
</tbody>
</table>
## I. COVERAGE

**Coverage Statement:** Pain management and pain rehabilitation are covered when Medicare coverage criteria are met.

**DME Face to Face Requirement:** Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including transcutaneous electrical nerve stimulation; form fitting conductive garments for delivery of TENS or NMES; neuromuscular stimulator electric shock unit and transcutaneous electrical joint stimulation system). For DME Face to Face Requirement information, refer to the Coverage Summary for Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid.

**Guidelines/Notes:**

1. **Inpatient Pain Rehabilitation Programs**
   
   Inpatient rehabilitation programs are covered when:
   
   - The member’s pain is linked to a physical cause
   - The usual methods of treatment have not been successful in alleviating the pain
   - There is a significant loss of a member’s ability to function independently as result of the pain

   **Notes:**
   
   - In determining whether the scope of a pain program does necessitate inpatient hospital care, evaluate only those services and devices which are covered. Although diagnostic tests may be an appropriate part of pain rehabilitation programs, such tests would be covered in an individual case only where they can be reasonably related to a patient’s illness, complaint, symptom, or injury and where they do not represent an unnecessary duplication of tests previously performed.
   - An inpatient program of 4 weeks’ duration is generally required to modify pain behavior. After this period it would be expected that any additional rehabilitation services which might be required could be effectively provided on an outpatient basis under an outpatient pain rehabilitation program (see §10.4 of the NCD Manual) or other outpatient program. The first 7-10 days of such an inpatient program constitute, in effect, an evaluation period. If a patient is unable to adjust to the program within this period, it is generally concluded that it is unlikely that the program will be effective and the patient is discharged from the program. On occasions a program longer than 4 weeks may be required in a particular case. In such a case there should be documentation to substantiate that inpatient care beyond a 4-week period was reasonable and necessary. Similarly, where it appears that a patient participating in a program is being granted frequent outside passes, a question would exist as to whether an inpatient program is reasonable and necessary for the treatment of the patient’s condition.
   - Chronic pain patients often have psychological problems which accompany or stem from the physical pain and it is appropriate to include psychological treatment in the multidisciplinary approach.
However, patients whose pain symptoms result from a mental condition, rather than from any physical cause, generally cannot be successfully treated in a pain rehabilitation program. See the NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3). (Accessed August 24, 2016)

2. **Outpatient Pain Rehabilitation Program**

Services furnished under outpatient hospital pain rehabilitation programs, including services furnished in group settings under individualized plans of treatment, is available if the patient’s pain is attributable to a physical cause, the usual methods of treatment have not been successful in alleviating it, and a significant loss of ability by the patient to function independently has resulted from the pain.

Outpatient pain rehabilitation programs are covered (including group therapy furnished under an individualized treatment plan) when the criteria (#1 a-c) under inpatient rehabilitation are met.

**Note:** Noncovered services (e.g., vocational counseling, meals for outpatients, or acupuncture, acupressure) continue to be excluded from coverage, and intermediaries would not be precluded from finding, in the case of particular patients, that the pain rehabilitation program is not reasonable and necessary.

See the NCD for Outpatient Hospital Pain Rehabilitation Programs (10.4). (Accessed August 24, 2016)

3. **Pain rehabilitation programs may include, but are not limited to:**

- Diagnostic tests that are:
  - Reasonably related to the member’s illness, complaint, symptom, or injury; and
  - Not a duplication of tests previously performed
- Use of mechanical devices and/or activities to relieve pain or modify patient’s reaction to it (e.g., nerve stimulators, hydrotherapy).
  **Note:** Peripheral nerve stimulators may be employed to assess a patient's suitability for continued treatment with an electric nerve stimulator. As explained in the NCD for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1), such use of the stimulator is covered as part of the total diagnostic service furnished to the beneficiary rather than as a prosthesis. (Accessed August 24, 2016)
- Skilled nursing
- Psychotherapy
- Structured progressive withdrawal from pain medications
- Physical therapy and occupational therapy to restore physical fitness (mobility and endurance) to a maximum level within the constraints of a patient’s physical disability

See the NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3). (Accessed August 24, 2016)

4. **Autogenous Epidural Blood Graft**

In this procedure blood is removed from the patient's vein and injected into his epidural space, to seal the spinal fluid leak and stop the pain.

Autogenous epidural blood graft is covered for headaches post spinal anesthesia, spinal taps or myelograms. See the NCD for Autogenous Epidural Blood Graft (10.5). (Accessed August 24, 2016)

5. **Peripheral Nerve Stimulators**

Peripheral nerve stimulators may be employed to assess a patient's suitability for continued
treatment with an electric nerve stimulator. As explained in *NCD for Assessing Patient’s Suitability for Electrical Nerve Stimulation Therapy (160.7.1)*, such use of the stimulator is covered as part of the total diagnostic service furnished to the beneficiary rather than as a prosthesis. (*Accessed August 24, 2016*)

6. **Massage Therapy**

Massage therapy is **not covered except** if it is part of multi-modality authorized treatment plan appropriate to the member’s diagnosis plan with a licensed therapist in attendance. *Refer to the Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation).*

7. **Pain Pumps**

Pain pumps **are covered** when criteria are met. *See the Coverage Summary for Infusion Pump Therapy.*

8. **Epidural Injections**

a. **Lumbar–Transforaminal (CPT codes 62322, 62323, 62326, 62327, 64483 and 64484)**

- Medicare does not have a National Coverage Determination (NCD) for the specific types of epidural injections for pain listed above.
- Local Coverage Determinations (LCDs) which address lumbar injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment A).
- **For states with no LCDs**, see the UnitedHealthcare Medical Policy for Epidural Steroid and Facet Injections for Spinal Pain for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
  - **Committee approval date: January 17, 2017**
  - Accessed August 8, 2017

b. **Cervical and Thoracic Epidural Injections (CPT codes 62320, 62321, 64479 and 64480)**

- Medicare does not have a National Coverage Determination (NCD) for the specific types of epidural injections listed above.
- Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment B).
- **For states with no LCDs**, refer to the MCG™ Care Guidelines, 21st edition, 2017, Epidural Corticosteroid Injection - A-0225 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
  - **Committee approval date: March 21, 2017**
  - Accessed August 8, 2017

c. **Other Epidural Injections/Infusions (CPT codes 62324 and 62325)**

Examples include but are not limited to: Treatment of spasticity, acute post-operative care management.

- Medicare does not have a National Coverage Determination (NCD) for the specific types of epidural injections listed above.
- Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment J).
UHC MA Coverage Summary: Pain Management and Pain Rehabilitation

Proprietary Information of UnitedHealthcare. Copyright 2017 United HealthCare Services, Inc.

9. Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation
   a. Diagnostic and Therapeutic (CPT codes 64490, 64491, 64492, 64493, 64494 and 64495)
      • Medicare does not have a National Coverage Determination (NCD) for paravertebral facet joint/nerve blocks: diagnostic and therapeutic.
      • Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment C).
      • For states with no LCDs, see the UnitedHealthcare Medical Policy for Epidural Steroid and Facet Injections for Spinal Pain for coverage guidelines with individual consideration for the treatment of chronic spinal pain. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
      • Committee approval date: September 20, 2016
      • Accessed August 8, 2017
   b. Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635, 64636 and 64999)
      • Medicare does not have a National Coverage Determination (NCD) for Paravertebral Facet Joint/Nerve Denervation.
      • Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment D).
      • For states with no LCDs, see the UnitedHealthcare Medical Policy for Ablative Treatment for Spinal Pain for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
      • Committee approval date: September 20, 2016
      • Accessed August 8, 2017

10. Trigger Point Injections (CPT codes 20552 and 20553)
    • Medicare does not have a National Coverage Determination (NCD) for trigger point injections.
    • Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment E).
    • For states with no LCDs, see the Wisconsin Physicians Services LCD for Trigger Points, Local Injections LCD (L34588) for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
    • Committee approval date: September 20, 2016
    • Accessed August 8, 2017

11. Sacroiliac (SI) Joint Injections (CPT codes 27096 and G0260)
12. Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton’s Neuroma (CPT codes 20526, 20550, 20551, 20612 and 28899)

- Medicare does not have a National Coverage Determination (NCD) for the specific types of injections for pain listed above.
- Local Coverage Determinations (LCDs) which address these injections exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment G).
- For states with no LCDs, see the Noridian LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton’s Neuroma (L34076) for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)

- Committee approval date: September 20, 2016
- Accessed August 8, 2017

13. Injection, Anesthetic Agent, Greater Occipital Nerve (CPT code 64405)

- Medicare does not have a National Coverage Determination (NCD) for Injection, anesthetic agent, greater occipital nerve (CPT Code 64405).
- Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. For state-specific LCD, refer to the LCD Availability Grid (Attachment H).
- For states with no LCDs, see the UnitedHealthcare Medical Policy for Occipital Neuralgia and Headache Treatment for coverage guidelines, and allow for individual consideration for coverage of nerve blocks when used to diagnose occipital neuralgia. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)

- Committee approval date: September 20, 2016
- Accessed August 8, 2017

14. Decompression; Unspecified Nerve (CPT code 64722) and Transection or Avulsion of; Greater Occipital Nerve (CPT code 64744) for Treatment of Headaches.

- Medicare does not have a National Coverage Determination (NCD) for Decompression; unspecified nerve (CPT Code 64722) or transection or avulsion of; greater occipital nerve (CPT Code 64744) specific to the treatment of headaches.
- Local Coverage Determinations (LCDs) specific to occipital nerve decompression or transection or avulsion of; greater occipital nerve for the treatment of headaches do not exist.
- For coverage guidelines, see the UnitedHealthcare Medical Policy for Occipital Neuralgia and Headache Treatment. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
15. Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain
   - Medicare does not have a National Coverage Determination (NCD) for Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain
   - There are no Local Coverage Determinations (LCDs) at this time.
   - For coverage guidelines, see the MCG™ Care Guidelines, 21st edition, 2017, Presacral Neurectomy S-0236 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: March 21, 2017
   - Accessed March 7, 2017

16. Endoscopic Lysis of Adhesions by Use of Epiduroscope (CPT codes 62263, 62264, 62292 and 64999)
   - Medicare does not have a National Coverage Determination (NCD) for endoscopic lysis of adhesions by use of epiduroscope.
   - Local Coverage Determinations (LCDs) exist and compliance with these LCDs is required where applicable. Refer to the LCD Availability Grid (Attachment I).
   - For states with no LCDs, see the UnitedHealthcare Medical Policy for Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
   - Committee approval date: September 20, 2016
   - Accessed August 8, 2017

17. Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents
   The medical effectiveness of the above therapies has not been verified by scientifically controlled studies. Accordingly, reimbursement for these modalities should be denied on the grounds that they are not reasonable and necessary. See the NCD for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (150.7). (Accessed August 24, 2016)

18. Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP)
   TENS is a type of electrical nerve stimulator that is employed to treat chronic intractable pain. This stimulator is attached to the surface of the patient’s skin over the peripheral nerve to be stimulated. It may be applied in a variety of settings (in the patient’s home, a physician’s office, or in an outpatient clinic). Payment for TENS may be made under the durable medical equipment benefit.

   Effective June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) allowed coverage for TENS for CLBP only when the criteria outlined in the NCD for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27) are met. (Accessed August 24, 2016)

   For payment rules for NCDs requiring CED, see the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.


   For TENS for acute post-operative pain, see the Coverage Summary for Stimulators: Electrical
For coverage guidelines for Decompression procedure, percutaneous, of nucleus pulposus (CPT code 62287), refer to the Coverage Summary for Spine Procedures.

### II. DEFINITIONS

**In-hospital Level Pain Rehabilitation Program:** A program that employs a coordinated multidisciplinary team to deliver, in a controlled environment, a concentrated program which is designed to modify pain behavior through the treatment of the physiological, psychological, and social aspects of pain. Such programs generally include diagnostic testing, skilled nursing, psychotherapy, structured progressive withdrawal from pain medications, physical therapy and occupational therapy to restore physical fitness (mobility and endurance) to a maximal level within the constraints of a patient's physical disability, and the use of mechanical devices and/or activities to relieve pain or modify a patient's reaction to it (e.g., nerve stimulator, hydrotherapy, massage, ice, systemic muscle relaxation training, and diversional activities). The nurse's responsibility in such pain rehabilitation programs is to observe and assess, on a continuing basis, a patient's condition and response to the program as reflected by his actions while in the nursing unit, and to assure that the atmosphere within the unit is not supportive of pain behavior. The day-to-day activities involved in carrying out the program are under the general supervision and, as needed, direct supervision of a physician. *NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3)*. (Accessed August 24, 2016)

**Pain Rehabilitation Program:** A program in a controlled environment that uses a coordinated, multidisciplinary team to deliver, a concentrated program designed to modify pain behavior through the treatment of physiological, psychological, and social aspects of pain. The goal of the program is to give the member the tools to manage and control their pain and thereby improve their ability to function independently. *NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3)*. (Accessed August 24, 2016)

### III REFERENCES

See above

### IV REVISION HISTORY

04/18/2017 Re-review; deleted guidelines for the following:
- Guideline 16 (Pain Examination under Anesthesia)
- Guideline 18 (Pharmacologic Challenges for Sympathetically Maintained Pain using IV Medications)

03/21/2017 Re-review with the following updates:

01/17/2017 Re-review; with the following updates:
• Guideline 8.a [Lumbar–Transforaminal (CPT codes 62322, 62323, 62326, 62327, 64483 and 64484)] –
  o Added new 2017 CPT codes 62322-23, 62326-27
  o Removed non-applicable codes 64479-80 (these are cervical/thoracic codes)
• Guideline 8.b [Cervical and Thoracic Epidural Injections (CPT codes 62320, 62321, 64479 and 64480)] –
  o CPT codes 62310 deleted and replaced with 62320-21 for 2017
  o Added applicable CPT codes 64479 and 64480
• Guideline 8.c [Other Epidural Injections/Infusions (CPT codes 62324 and 62325)] –
  o CPT codes 62318-62319 deleted for 2017 and replaced by CPT codes 62324 and 62325
  o Change default from L35458 (retired) to L35457 (same contractor; also there is no change in coverage)

08/16/2016  Re-review with the following update:
Guideline 15 (Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain) - changed default policy from the UnitedHealthcare Medical Policy for Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain to the MCG™ Care Guidelines, 20th edition, 2016, Presacral Neurectomy S-0236 (AC); UHC MP retired effective 9/1/2016. (Reason for retirement: procedures are rarely performed, supporting evidence is weak and addressed in MCG for medical necessity review).

07/26/2016  Re-review with the following updates:
Guideline 8.b [Cervical and Thoracic Epidural Injections (CPT codes 62310 and 62311)] – New guidelines to coverage summary.
Guideline 8.c [Other Epidural Injections/Infusions (CPT codes 62318 and 62319)] –
  • Added “Infusions” to title.
  • Replaced the default policy for states with no LCDs from Wisconsin Physicians Services LCD for Epidural and Transforaminal Epidural Injections (L34622) (retired) to the Novitas LCD for Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35458). L35458 has the most geographic coverage; no available UHC MP or MCG.
  • Removed CPT code 01996 from title (unable to find appropriate CMS reference).
  • Moved CPT codes 62310 and 62311 to Guideline 8.b.

06/21/2016  Re-review with the following updates:
Guideline 11 [Sacroiliac (SI) Joint Injections] - Changed the default policy for states with no LCDs from Wisconsin Physicians Services LCD for Sacroiliac Joint Injections Sacroiliac Joint Injections (L34443) (now retired) to Novitas LCD for Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (L34892); L34892 with the most geographic coverage; no available UHC MP or MCG.
Guideline 12 (Injections of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels and Morton’s Neuroma) - Changed the default policy for states with no LCDs from LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L34589) (now retired) to Noridian LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L34076); L34076 with the most geographic coverage; no available UHC MP or MCG.
03/15/2016  Updated reference link(s) of the applicable LCDs to reflect the condensed link.

10/20/2015  Annual review; no updates

07/21/2015  Guideline #13 [Injection, anesthetic agent, greater occipital nerve (CPT Code 64405)] - Added following verbiage “and allow for individual consideration for coverage of nerve blocks when used to diagnose occipital neuralgia” to “For states with no LCDs” statement.

04/21/2015  Guideline #20 (Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain)
  • Added reference link to the list of Medicare approved clinical trials.
  • Updated payment info; added reference link to the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials for payment rules for NCDs requiring CED.

03/12/2015  Formatting change only.

01/20/2015  Guideline 8 (Specific Type of Injections)
  • Changed title to “Epidural Injections”
  • Reformatted/re-organized to the following new sections:
    o Guideline 8.a (Epidural Injections/Lumbar—Transforaminal (CPT codes 64479, 64480, 64483 & 64484)
    o Guideline 8.b (Epidural Injection/Other Epidural Injections
    o Guideline 9.a [Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation/Diagnostic and Therapeutic (CPT codes 64490, 64491, 64492, 64493, 64494 & 64495)]
    o Guideline 9.b [ Paravertebral Facet Joint /Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635, 64636 & 64999)]
    o Guideline 10 [Trigger Point Injections (CPT Codes 20552 & 20553)]
    o Guideline 11 [Sacroiliac (SI) Joint Injections (CPT codes 27096 & G0260)]
    o Guideline 12 [Injections of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels and Morton’s Neuroma (CPT codes 20526, 20550, 20551, 20612 & 28899)]
      ▶ Added “Injection, anesthetic agent and/or steroid, plantar common digital nerve(s) (e.g., Morton's neuroma) (old Guideline 10)
      ▶ Updated title to Injections of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels and Morton’s Neurona (CPT codes 20526, 20550, 20551, 20612 & 28899)

Guideline 13 [Injection, anesthetic agent, greater occipital nerve (CPT Code 64405)]
  • Added language to indicate: Coverage guidelines of available LCDs do not align there is no uniformity. The UnitedHealthcare Medical Policy guidelines do not align with the available LCDs.

Guideline 14 [Decompression; unspecified nerve (CPT Code 64722) and Transection or avulsion of; greater occipital nerve (CPT Code 64744) for treatment of headaches.
  • Added “Transection or avulsion of; greater occipital nerve (CPT code 64744)” (old Guideline 12)
  • Updated title to Decompression; unspecified nerve (CPT Code 64722) and Transection or avulsion of; greater occipital nerve (CPT Code 64744) for treatment of headaches
  • Updated coverage guideline for states with no LCDs to default to the UnitedHealthcare Medical Policy for Occipital Neuralgia and Headache Treatment

Guideline 16 (Pain Examination under Anesthesia)
  • Removed coverage summary guideline; reference link to the default Novitas LCD for
Pain Management (L32702) already exists.
Guideline 17 [Endoscopic Lysis of Adhesions by Use of Epiduroscope (CPT Codes 62263, 62264, 62292 and 64999)]
- Added language to indicate:
  Coverage guidelines of available LCDs do not align there is no uniformity. The UnitedHealthcare Medical Policy guidelines do not align with the available LCDs
Guideline 18 (Pharmacologic Challenges for Sympathetically Maintained Pain using IV Medications)
- Removed coverage summary guideline; reference link to the default Novitas LCD for Pain Management (L32702) already exists.
Guideline 20 (Paravertebral Facet Joint)
- Added reference link to the CMS Coverage with Evidence Development for Transcutaneous Electrical Nerve Stimulation (TENS) for chronic low back pain (CLBP).

10/21/2014  Removed detailed DME Face-to-Face Requirement information and replaced with the a reference link to the DME, Prosthetics, Corrective Appliances/Orthotic and Medical Supplies Grid.

04/15/2014  Guidelines # 10 (Injection, anesthetic agent and/or steroid, plantar common digital nerve(s) (e.g., Morton's neuroma) - Changed default from UnitedHealthcare Medical Policy for Occipital Neuralgia and Cervicogenic, Cluster and Migraine Headaches (no longer addresses CPT Code 64455) to Wisconsin Physicians’ LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L30153)
Guidelines #14 (Pain Examination under Anesthesia ) - Changed default from Trailblazer LCD for Pain Management L26743 (retired) to Novitas LCD for Pain Management (L32702)
Guidelines #16 (Pharmacologic Challenges for Sympathetically Maintained Pain using IV Medications) - Changed default from Trailblazer LCD for Pain Management L26743 (retired) to Novitas LCD for Pain Management (L32702)

10/24/2013  Annual review; no updates

08/20/2013  Added a note pertaining to the DME Face-to-Face Requirement in accordance with Section 6407 of the Affordable Care Act as defined in the 42 CFR 410.38(g)

12/17/2012  Guidelines #18 (Transcutaneous Electrical Nerve Stimulation for Chronic Low Back Pain) added based on the Medicare NCD for Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) (160.27). As confirmed by UnitedHealthcare Regulatory Department with CMS, this benefit is part of the Medicare clinical trial program; therefore, CMS will make payments for MA enrollees on a fee-for-service basis for covered clinical trial costs for TENS for CLBP.

10/31/2012  Annual review with the addition of the following guidelines:
- Guidelines #9 - Injection, anesthetic agent, greater occipital nerve
- Guidelines #10 - Injection, anesthetic agent and/or steroid, plantar common digital nerve(s)
- Guidelines #11 - Decompression; unspecified nerve
- Guidelines #12 - Transection or avulsion of; greater occipital nerve

10/13/2011  Annual review; no updates

04/08/2011  LCD Availability Grid (Attachment A) updated

Page 11 of 16
UHC MA Coverage Summary: Pain Management and Pain Rehabilitation
Proprietary Information of UnitedHealthcare. Copyright 2017 United HealthCare Services, Inc.
03/14/2011  Updated Attachment A - LCD Availability Grid (added L30298 and L26743 for MAC Part A for CO, NM, OK and TX)
Updated Attachment A - LCD Availability Grid (added L27512 for MAC Part A for DE, MD AND PA)
Updated Attachment A - LCD Availability Grid (changed covered states for L30481, L30483 and L30155)

10/21/2010  Updated links of superseded LCDs. Added additional available LCDs to the LCD grid.
09/07/2010  Format updated; also included guidelines for Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain.

V. ATTACHMENT(S)

---

### Attachment A - LCD Availability Grid

**Lumbar Epidural Injections**

(CPT codes 62322, 62323, 62326, 62327, 64483 and 64484)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34980</td>
<td>Lumbar Epidural Injections</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L34982</td>
<td>Lumbar Epidural Injections</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35937</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L35148</td>
<td>Lumbar Epidural Steroid Injections</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
<tr>
<td>L34807</td>
<td>Lumbar Epidural Steroid Injections (ESI)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33906</td>
<td>Epidural</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L36521</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L36521</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>

End of Attachment A

---

### Attachment B - LCD Availability Grid

**Cervical and Thoracic Epidural Injections**

(CPT codes 62320, 62321, 64479 and 64480)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34980</td>
<td>Lumbar Epidural Injections</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L34982</td>
<td>Lumbar Epidural Injections</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35937</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L35148</td>
<td>Lumbar Epidural Steroid Injections</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
<tr>
<td>L34807</td>
<td>Lumbar Epidural Steroid Injections (ESI)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33906</td>
<td>Epidural</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L36521</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L36521</td>
<td>Lumbar Epidural Injections</td>
<td>MAC - Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>

End of Attachment B

---

UHC MA Coverage Summary: Pain Management and Pain Rehabilitation

Proprietary Information of UnitedHealthcare. Copyright 2017 United HealthCare Services, Inc.
<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33906</td>
<td>Epidural</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L35456</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35457</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L34892</td>
<td>Paravertebral Facet and Sacroiliac Joint Injections</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>DC, DE, MD, NJ, PA</td>
</tr>
</tbody>
</table>

End of Attachment B

---

**Attachment C - LCD Availability Grid**

**Paravertebral Facet Injections/block:**

(CPT codes 64490, 64491, 64492, 64493, 64494 and 64495)

CMS website accessed August 9, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34974</td>
<td>Facet Joint Injections</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, LA, MS, NM, OK, TX</td>
</tr>
<tr>
<td>L34832</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33930</td>
<td>Paravertebral Facet Joint Blocks</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34892</td>
<td>Paravertebral Facet and Sacroiliac Joint Injections</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L34993</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV, AK, ID</td>
</tr>
<tr>
<td>L34995</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L35936</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L35996</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35996</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L36471</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
</tbody>
</table>

End of Attachment C
### Attachment D - LCD Availability Grid

**Paravertebral Facet Denervation**

(CPT codes 64633, 64634, 64635, 64636 and 64999)

CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33814</td>
<td>Destruction of Paravertebral Facet Joint Nerve(s)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34832</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L34993</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L34995</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L35936</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L35966</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35966</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>

End of Attachment D

### Attachment E - LCD Availability Grid

**Trigger Point Injections**

(CPT codes 20552 and 20553)

CMS website accessed August 8, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33622</td>
<td>Pain Management</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L33912</td>
<td>Injection of Trigger Points</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34211</td>
<td>Trigger Point Injections</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L34299</td>
<td>Surgery: Trigger Point Injections</td>
<td>MAC - Part B</td>
<td>Cahaba Government Benefit Administrators®, LLC</td>
<td>AL, GA, TN</td>
</tr>
<tr>
<td>L34588</td>
<td>Trigger Points, Local Injection</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
</tbody>
</table>
**Attachment E - LCD Availability Grid**

**Trigger Point Injections**
(CPT codes 20552 and 20553)
CMS website accessed August 8, 2017

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34588</td>
<td>Trigger Points, Local Injection</td>
<td>MAC - Part A &amp; B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L35010</td>
<td>Trigger Point Injections</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
</tbody>
</table>

End of Attachment E

**Attachment F - LCD Availability Grid**

**Sacroiliac Joint Injections**
(CPT codes 27096 and G0260)
CMS website accessed August 8, 2017

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33622</td>
<td>Pain Management</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L34892</td>
<td>Paravertebral Facet and Sacroiliac Joint Injections</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc</td>
<td>DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L33957</td>
<td>Sacroiliac Joint Injection</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment F

**Attachment G - LCD Availability Grid**

**Injections of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels and Morton’s Neuroma**
(CPT codes 20526, 20550, 20551, 20612 and 28899)
CMS website accessed August 8, 2017

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33622</td>
<td>Pain Management</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L34076</td>
<td>Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L34218</td>
<td>Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35107</td>
<td>Pain Management of Peripheral Nerves by Injection</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
</tbody>
</table>

End of Attachment G

**Attachment H - LCD Availability Grid**

**Injection, anesthetic agent, greater occipital nerve**
(CPT code 64405)
CMS website accessed August 8, 2017

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
</table>
## Attachment H - LCD Availability Grid

**Injection, anesthetic agent, greater occipital nerve**  
(CPT code 64405)  
CMS website accessed August 8, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35456</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35457</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L33933</td>
<td>Peripheral Nerve Blocks</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment H

## Attachment I - LCD Availability Grid

**Endoscopic Lysis of Adhesions**  
(CPT codes 62263, 62264, 62292 and 64999)  
CMS website accessed August 8, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35991</td>
<td>Endoscopic and Percutaneous Lysis of Epidural Adhesions</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
</tbody>
</table>

End of Attachment I

## Attachment J - LCD Availability Grid

**Other Epidural Injections/Infusions**  
(CPT codes 62324 and 62325)  
CMS website accessed August 8, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35456</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35457</td>
<td>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
</tbody>
</table>

End of Attachment J