

Medical CrossCoder Policy Report

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CARRIER: Noridian Healthcare Solutions, LLC	REVISION EFFECT DATE: 10/1/2017
LCD TITLE: Nerve Blockade for Treatment of Chronic Pain and Neuropathy	ORIGINAL EFFECT DATE: 10/1/2015
STATE: North Dakota	VERSION: 33
STATUS: Status A	LCD ID: 35457
RETIRE DATE:	

INDICATION AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY:

For the purposes of this LCD and consistent with standard community understanding and the recommendations of specialty societies, pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain is chronic when it has been present, continuously or intermittently, despite therapy for three months or more. Nerve blocks cause the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks by the injection of local anesthetic solutions. Their utility in the diagnosis and treatment of non-neuropathic pain and specific syndromes mediated by sympathetic nervous system overactivity has been established.

- Diagnostic - to determine the source of pain e.g., to identify or pinpoint a nerve that acts as a pathway for pain; to determine the type of nerve that conducts the pain; to distinguish between pain that is central (within the brain and spinal cord) or peripheral (outside the brain and spinal cord) in origin; or to determine whether a neurolytic block or surgical lysis of the nerve should be performed. The type of diagnostic test may include injecting saline to stimulate pain or injecting an anesthetic agent to evaluate the patient's response, as an initial diagnostic step so that other pain relief options may be considered.
- Therapeutic - to treat painful conditions that respond to nerve blocks (e.g., celiac block for pain of pancreatic cancer) and /or "inappropriate" sympathetic nervous system activity. An appropriate injection of local anesthetic induces a temporary interruption in the conduction of impulses by peripheral nerves or nerve trunks. Longer-lasting or permanent blockade may be induced with the injection of neurolytic agents and/or application of thermal (not pulsed) radiofrequency. When blockade has been of value in the relief of acute or chronic cancer related pain, somatic or epidural blockade may be maintained through the infusion of local anesthetics via indwelling catheter. Prior to blockade, all patients with pain complaints require an evaluation that includes, at a minimum, an assessment of the source of the pain and treatment of any underlying pathology. Evaluation must be documented in the patient's records. In addition, those patients who do not respond to injections or otherwise continue with persistent or poorly responsive pain should be referred for a multi-disciplinary or other collaborative comprehensive evaluation. Imaging guidance with fluoroscopy, CT or ultrasound may be necessary to perform somatic nerve blockade. Only fluoroscopic or CT guidance will be covered for epidural injections. Provider Qualifications The CMS Manual System, Pub. 100-8, Program Integrity Manual, Chapter 13, Section 5.1 (<http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf>) states that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel." Services will be considered medically reasonable and necessary only if performed by appropriately trained providers. Patient safety and quality of care mandate that healthcare professionals who perform Nerve Blocks are appropriately trained and/or credentialed by a formal residency/fellowship program and/or are certified by either an accredited and nationally recognized organization or by a post-graduate training course accredited by an established national accrediting body or accredited professional training program. If the practitioner works in a hospital facility at any time and/or is credentialed by a hospital for any procedure, the practitioner must be credentialed to perform the same procedure in the outpatient setting. At a minimum, training must cover and develop an understanding of anatomy and drug pharmacodynamics and kinetics as well as proficiency in diagnosis and management of disease, the technical performance of the procedure and utilization of the required associated imaging modalities.

PERIPHERAL NEUROPATHY

- Nerve blockade and/or electrical stimulation are non-covered for the treatment of metabolic peripheral neuropathy. The peer-reviewed medical literature has not demonstrated the efficacy or clinical utility of nerve blockade or electrical stimulation, alone or used together, in the diagnosis and/or treatment of neuropathic pain.
- The use of imaging guidance (i.e. ultrasound, CT, or fluoroscopic guidance) in conjunction with these non-covered injections is also considered not medically necessary.
- The use of electrostimulation alone for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases is not medically reasonable and necessary. These procedures are considered investigational. Medical management using systemic medications is clinically indicated for the treatment of these conditions.

SOMATIC NERVE BLOCK

- Radiculopathy and other neurological deficits require further evaluation and management prior to performing the blocks.

EPIDURAL BLOCK (Cervical and Thoracic)

This policy does not cover lumbar epidural blocks, which are covered in another Noridian policy.

- Injections should not be repeated in less than five days.
- Injections are limited to a total of three in a three to six month period of time and should only be repeated if the injections produced significant and sustained relief documented by objective evidence, including improvements in the ability to perform activities of daily living (ADLs).
- Steroids should be used only in the presence of radiculopathy. Particulate steroids in the cervical region have been shown to be hazardous.

CPT/HCPCS CODES (Supported):

62281, 62320, 62321, 62324, 62325, 64402, 64405, 64408, 64410, 64413, 64415, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64450, 64455, 64461, 64462, 64463, 64479, 64480, 64505, 64508, 64510, 64517, 64520,

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64530, 64620, 64632, 64640, 76881, 76882, 76942, 76999, 97032, 97139, G0282, G0283

ICD CODES THAT SUPPORT MEDICAL NECESSITY:

B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.7, B02.8, B02.9, G50.0, G54.0, G54.1, G54.2, G54.3, G54.4, G54.5, G54.6, G54.8, G55, G56.01, G56.02, G56.03, G56.11, G56.12, G56.13, G56.21, G56.22, G56.23, G56.31, G56.32, G56.33, G56.41, G56.42, G56.43, G56.81, G56.82, G56.91, G56.92, G57.01, G57.02, G57.03, G57.11, G57.12, G57.13, G57.21, G57.22, G57.23, G57.31, G57.32, G57.33, G57.41, G57.42, G57.43, G57.51, G57.52, G57.53, G57.61, G57.62, G57.63, G57.71, G57.72, G57.73, G57.81, G57.82, G57.91, G57.92, G58.0, G58.7, G58.8, G58.9, G59, G89.11, G89.12, G89.18, G89.21, G89.22, G89.28, G89.3, G90.50, G90.511, G90.512, G90.513, G90.521, G90.522, G90.523, G90.59, I73.00, I73.01, L74.510, L74.511, L74.512, L74.513, M25.511, M25.512, M25.551, M25.552, M25.561, M25.562, M43.27, M43.28, M46.1, M48.01, M48.02, M48.03, M48.04, M48.05, M48.062, M50.11, M50.121, M50.122, M50.123, M50.13, M50.21, M50.221, M50.222, M50.223, M50.23, M50.31, M50.321, M50.322, M50.323, M50.33, M51.14, M51.15, M51.16, M51.17, M51.24, M51.25, M51.34, M51.35, M53.0, M53.2X7, M53.2X8, M53.3, M53.81, M53.82, M53.83, M53.86, M53.87, M53.88, M54.10, M54.11, M54.12, M54.13, M54.14, M54.15, M54.16, M54.17, M54.18, M54.2, M54.31, M54.32, M54.41, M54.42, M54.5, M54.6, M54.81, M79.2, M94.0, M96.1, M99.20, M99.21, M99.22, M99.30, M99.31, M99.32, M99.40, M99.41, M99.42, M99.50, M99.51, M99.52, M99.60, M99.61, M99.62, M99.70, M99.71, M99.72, R07.1, R07.81, R07.9, R10.10, R10.11, R10.12, R10.13, R10.2, R10.30, R10.31, R10.32, R10.33, R25.0, R25.1, R25.2, R25.3, R25.8, R25.9, R44.0, R44.2, R44.3, R68.84, S14.2XXA, S14.2XXD, S14.2XXS, S14.3XXA, S14.3XXD, S14.3XXS, S14.4XXA, S14.4XXD, S14.4XXS, S14.5XXA, S14.5XXD, S14.5XXS, S14.8XXA, S14.8XXD, S14.8XXS, S14.9XXA, S14.9XXD, S14.9XXS, S24.2XXA, S24.2XXD, S24.2XXS, S24.3XXA, S24.3XXD, S24.3XXS, S24.4XXA, S24.4XXD, S24.4XXS, S24.8XXA, S24.8XXD, S24.8XXS, S24.9XXA, S24.9XXD, S24.9XXS, S34.21XA, S34.21XD, S34.21XS, S34.22XA, S34.22XD, S34.22XS, S34.4XXA, S34.4XXD, S34.4XXS, S34.5XXA, S34.5XXD, S34.5XXS, S34.6XXA, S34.6XXD, S34.6XXS, S34.8XXA, S34.8XXD, S34.8XXS, S34.9XXA, S34.9XXD, S34.9XXS, S44.01XA, S44.01XD, S44.01XS, S44.02XA, S44.02XD, S44.02XS, S44.11XA, S44.11XD, S44.11XS, S44.12XA, S44.12XD, S44.12XS, S44.21XA, S44.21XD, S44.21XS, S44.22XA, S44.22XD, S44.22XS, S44.30XA, S44.30XD, S44.30XS, S44.31XA, S44.31XD, S44.31XS, S44.32XA, S44.32XD, S44.32XS, S44.41XA, S44.41XD, S44.41XS, S44.42XA, S44.42XD, S44.42XS, S44.51XA, S44.51XD, S44.51XS, S44.52XA, S44.52XD, S44.52XS, S44.8X1A, S44.8X1D, S44.8X1S, S44.8X2A, S44.8X2D, S44.8X2S, S44.91XA, S44.91XD, S44.91XS, S44.92XA, S44.92XD, S44.92XS, S54.01XA, S54.01XD, S54.01XS, S54.02XA, S54.02XD, S54.02XS, S54.11XA, S54.11XD, S54.11XS, S54.12XA, S54.12XD, S54.12XS, S54.21XA, S54.21XD, S54.21XS, S54.22XA, S54.22XD, S54.22XS, S54.31XA, S54.31XD, S54.31XS, S54.32XA, S54.32XD, S54.32XS, S54.8X1A, S54.8X1D, S54.8X1S, S54.8X2A, S54.8X2D, S54.8X2S, S54.91XA, S54.91XD, S54.91XS, S54.92XA, S54.92XD, S54.92XS, S64.01XA, S64.01XD, S64.01XS, S64.02XA, S64.02XD, S64.02XS, S64.11XA, S64.11XD, S64.11XS, S64.12XA, S64.12XD, S64.12XS, S64.21XA, S64.21XD, S64.21XS, S64.22XA, S64.22XD, S64.22XS, S64.31XA, S64.31XD, S64.31XS, S64.32XA, S64.32XD, S64.32XS, S64.490A, S64.490D, S64.490S, S64.491A, S64.491D, S64.491S, S64.492A, S64.492D, S64.492S, S64.493A, S64.493D, S64.493S, S64.494A, S64.494D, S64.494S, S64.495A, S64.495D, S64.495S, S64.496A, S64.496D, S64.496S, S64.497A, S64.497D, S64.497S, S64.498A, S64.498D, S64.498S, S64.8X1A, S64.8X1D, S64.8X1S, S64.8X2A, S64.8X2D, S64.8X2S, S64.91XA, S64.91XD, S64.91XS, S64.92XA, S64.92XD, S64.92XS, S74.01XA, S74.01XD, S74.01XS, S74.02XA, S74.02XD, S74.02XS, S74.11XA, S74.11XD, S74.11XS, S74.12XA, S74.12XD, S74.12XS, S74.21XA, S74.21XD, S74.21XS, S74.22XA, S74.22XD, S74.22XS, S74.8X1A, S74.8X1D, S74.8X1S, S74.8X2A, S74.8X2D, S74.8X2S, S74.91XA, S74.91XD, S74.91XS, S74.92XA, S74.92XD, S74.92XS, S84.01XA, S84.01XD, S84.01XS, S84.02XA, S84.02XD, S84.02XS, S84.11XA, S84.11XD, S84.11XS, S84.12XA, S84.12XD, S84.12XS, S84.21XA, S84.21XD, S84.21XS, S84.22XA, S84.22XD, S84.22XS, S84.801A, S84.801D, S84.801S, S84.802A, S84.802D, S84.802S, S84.91XA, S84.91XD, S84.91XS, S84.92XA, S84.92XD, S84.92XS, S94.01XA, S94.01XD, S94.01XS, S94.02XA, S94.02XD, S94.02XS, S94.11XA, S94.11XD, S94.11XS, S94.12XA, S94.12XD, S94.12XS, S94.21XA, S94.21XD, S94.21XS, S94.22XA, S94.22XD, S94.22XS, S94.31XA, S94.31XD, S94.31XS, S94.32XA, S94.32XD, S94.32XS, S94.8X1A, S94.8X1D, S94.8X1S, S94.8X2A, S94.8X2D, S94.8X2S, S94.91XA, S94.91XD, S94.91XS, S94.92XA, S94.92XD, S94.92XS,

ICD CODES THAT DO NOT SUPPORT MEDICAL NECESSITY:

, G57.91, G57.92, G58.7, G58.8, G58.9, G60.0, G60.1, G60.2, G60.3, G60.8, G60.9, G61.0, G61.1, G61.81, G61.89, G61.9, G62.0, G62.2, G62.81, G62.82, G62.89, G63, M25.571, M25.572, M54.10, M79.2, R20.0, R20.1, R20.2, R20.3, R20.8, R20.9

ASSOCIATED INFORMATION:

Documentation Requirements 1. All documentation must be maintained in the patient's medical record and available to the contractor upon request. 2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient. 3. The submitted medical record should support the use of the selected diagnosis code(s). The submitted CPT/HCPCS code should describe the service performed. Utilization Guidelines Treatment protocols utilizing multiple injections per day on multiple days per week for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases are not considered medically necessary. A peripheral nerve injection may be allowed during the reconsideration process if the medical record supports a medically necessary service

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