

Pain Management

Policy Number: MCS070.06

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Related Policies

None

Coverage Guidelines

Pain management and pain rehabilitation are covered when Medicare coverage criteria are met.

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations and Local Coverage Articles).

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 titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).

Stimulators for Pain Management

Stimulators for pain management, e.g., Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT) for Pain Therapy (e.g., BioWave) and Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP) are covered when criteria are met. Refer to the Coverage Summary titled [Electrical and Ultrasonic Stimulators](#).

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 titled [Skilled Nursing Facility, Rehabilitation, and Long-Term Acute Care and Hospitalization](#).

Infusion Pumps for Treatment of Intractable Cancer Pain

Infusion pumps for treatment of intractable cancer pain are covered when criteria are met. Refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).

Epidural Injections

Cervical and Thoracic Epidural Injections (CPT Codes 62320, 62321, 64479, and 64480)

Medicare does not have a National Coverage Determination (NCD) for cervical and thoracic epidural injections. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Cervical and Thoracic Epidural Injections](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Medical Policy titled [Epidural Steroid Injections for Spinal Pain](#).

Note: After checking the [Cervical and Thoracic Epidural Injections](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Lumbar and Sacral Epidural Injections (CPT Codes 62322, 62323, 64483, and 64484)

Medicare does not have a National Coverage Determination (NCD) for lumbar and sacral epidural injections. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Lumbar and Sacral Epidural Injections](#).

Other Epidural Injections/Infusions (CPT Codes 62324, 62325, 62326, and 62327)

Example includes but is not limited to:

- Treatment of spasticity, acute post-operative care management.

Medicare does not have a National Coverage Determination (NCD) for specific types of epidural injections listed above. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Other Epidural Injections/Infusions](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Novitas [LCD for Epidural Steroid Injections for Pain Management \(L36920\)](#).

Note: After checking the [Other Epidural Injections/Infusions](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 7, 2023)

Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation

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)/Local Coverage Articles (LCAs) exist for all states/territories and

compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation Diagnostic and Therapeutic](#).

Paravertebral Joint/Nerve Denervation (CPT Codes 64633, 64634, 64635, and 64636)

Medicare does not have a National Coverage Determination (NCD) for paravertebral facet joint/nerve denervation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states /territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation Diagnostic and Therapeutic](#).

Sacroiliac (SI) Joint Injections (CPT Codes 27096 and 64451 and HCPCS Code G0260)

Medicare does not have a National Coverage Determination (NCD) for SI joint injections. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Sacroiliac \(SI\) Joint Injections](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Sacroiliac Joint Interventions](#).

Note: After checking the [Sacroiliac \(SI\) Joint Injections](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Sacroiliac (SI) Joint Nerve Denervation (CPT Code 64625)

Medicare does not have a National Coverage Determination (NCD) for SI nerve denervation. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Sacroiliac \(SI\) Joint Nerve Denervation](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Ablative Treatment for Spinal Pain](#).

Note: After checking the [Sacroiliac \(SI\) Joint Nerve Denervation](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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 specific types of injections for pain listed above. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton's Neuroma](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Noridian LCD for [LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma \(L34076\)](#).

Note: After checking the [Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels, and Morton's Neuroma](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed December 7, 2023)

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)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Injection, Anesthetic Agent, Greater Occipital Nerve](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Occipital Nerve Injections and Ablation \(Including Occipital Neuralgia and Headache\)](#).

Note: After checking the [Injection, Anesthetic Agent, Greater Occipital Nerve](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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) and transection or avulsion of the greater occipital nerve (CPT code 64744) specific to the treatment of headaches. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Occipital Nerve Injections and Ablation \(Including Occipital Neuralgia and Headache\)](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Endoscopic Lysis of Adhesions by Use of Epiduroscope (CPT Codes 62263 and 62264)

Medicare does not have a National Coverage Determination (NCD) for endoscopic lysis of adhesions by use of epiduroscope. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Epiduroscopy, Epidural Lysis of Adhesions and Discography](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Radiofrequency Ablation of Intraosseous Basivertebral Nerve for Vertebrogenic Lower Back Pain (e.g., Intracept® System) (CPT Codes 64628 and 64629)

Medicare does not have a National Coverage Determination (NCD) for thermal destruction of intraosseous basivertebral nerve. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Thermal Destruction of Intraosseous Basivertebral Nerve](#).

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Ablative Treatment for Spinal Pain](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Supporting Information

Lumbar and Sacral Epidural Injections				
Accessed January 10, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39015 (A58731)	Epidural Steroid Injections for Pain Management	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33906 (A56651)	Epidural Steroid Injections for Pain Management	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L39036 (A58745)	Epidural Steroid Injections for Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Lumbar and Sacral Epidural Injections

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39240 (A58993)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39242 (A58995)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36920 (A56681)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX
L38994 (A58695)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39054 (A58777)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

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Cervical and Thoracic Epidural Injections

Accessed January 10, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39015 (A58731)	Epidural Steroid Injections for Pain Management	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33906 (A56651)	Epidural Steroid Injections for Pain Management	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L39036 (A58745)	Epidural Steroid Injections for Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L35457 (A52725)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39240 (A58993)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39242 (A58995)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36920 (A56681)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX
L38994 (A58695)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

Cervical and Thoracic Epidural Injections

Accessed January 10, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39054 (A58777)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE
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Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation

Diagnostic and Therapeutic

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38773 (A58364)	Facet Joint Interventions for Pain Management	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33930 (A57787)	Facet Joint Interventions for Pain Management	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35936 (A57826)	Facet Joint Interventions for Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L38801 (A58403)	Facet Joint Interventions for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38803 (A58405)	Facet Joint Interventions for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34892 (A56670)	Facet Joint Interventions for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L38765 (A58350)	Facet Joint Interventions for Pain Management	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L38841 (A57553)	Facet Joint Interventions for Pain Management	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE
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Sacroiliac (SI) Joint Injections

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39383 (A59154)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	CGS Administrators, LLC	KY, OH
L39455 (A59233)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39462 (A59244)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L39464 (A59246)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39402 (A59192)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

Sacroiliac (SI) Joint Injections

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39475 (A59257)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE
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Injections of Tendon sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton's Neuroma

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33933 (A57788)	Peripheral Nerve Blocks	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L36850 (A57452)	Peripheral Nerve Blocks	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33622 (A52863)	Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34076 (A57201)	Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	Part A and B MAC	Noridian Healthcare Solutions	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34218 (A57079)	Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
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Injection, Anesthetic Agent, Greater Occipital Nerve

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33933 (A57788)	Peripheral Nerve Blocks	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L36850 (A57452)	Peripheral Nerve Blocks	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L35457 (A52725)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
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Other Epidural Injections/Infusions

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

Other Epidural Injections/Infusions				
Accessed January 10, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35457 (A52725)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36920 (A56681)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX
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Sacroiliac (SI) Joint Nerve Denervation				
Accessed January 10, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33622 (A52863)	Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
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Radiofrequency Ablation of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain				
Accessed January 10, 2024				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39420 (A59205)	Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39642 (A59466)	Intraosseous Basivertebral Nerve Ablation	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L39644 (A59468)	Intraosseous Basivertebral Nerve Ablation	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
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Policy History/Revision Information

Date	Summary of Changes
01/10/2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Pain Management and Rehabilitation</i> <p>Coverage Guidelines</p> <p><i>Radiofrequency Ablation of Intraosseous Basivertebral Nerve for Vertebrogenic Lower Back Pain (e.g., Intracept® System) (CPT Codes 64628 and 64629) (new to policy)</i></p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have a National Coverage Determination (NCD) for thermal destruction of intraosseous basivertebral nerve Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy]

Date	Summary of Changes
	<ul style="list-style-type: none">○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Ablative Treatment for Spinal Pain</i> <p>Supporting Information</p> <ul style="list-style-type: none">● Updated list of available LCDs/LCAs to reflect the most current information● Archived previous policy version MCS070.05

Instructions for Use

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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 are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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