Coverage Summary

Pain Management and Pain Rehabilitation

Policy Number: P-007  Products: UnitedHealthcare Medicare Advantage Plans

Original Approval Date: 07/16/2008

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee

Last Review Date: 09/18/2018

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 health care 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

I. COVERAGE

1. Inpatient Pain Rehabilitation Programs

2. Outpatient Pain Rehabilitation Program

3. Stimulators for Pain Management

4. Autogenous Epidural Blood Graft

5. Decompression procedure, percutaneous, of nucleus pulposus (CPT code 62287)

6. Massage Therapy

7. Infusion Pumps for Pain

8. Epidural Injections
   a. Cervical and Thoracic Epidural Injections
   b. Lumbar and Sacral Epidural Injections
   c. Other Epidural Injections/Infusions

9. Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation
   a. Diagnostic and Therapeutic
   b. Paravertebral Joint/Nerve Denervation

10. Trigger Point Injections

11. Sacroiliac (SI) Joint Injections

12. Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton’s Neuroma

13. Injection, Anesthetic Agent, Greater Occipital Nerve

14. Decompression; Unspecified Nerve and Transection or Avulsion of; Greater Occipital Nerve for Treatment of Headaches

15. Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain
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 Medicare coverage criteria are met. For coverage guideline, see the NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3). (Accessed August 30, 2018)

2. **Outpatient Pain Rehabilitation Program**
   Outpatient pain rehabilitation programs are covered when Medicare coverage criteria are met. For coverage guideline, see the NCD for Outpatient Hospital Pain Rehabilitation Programs (10.4). (Accessed August 30, 2018)

3. **Stimulators for Pain Management**
   For coverage guidelines for stimulators for pain management, e.g., Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT) for Pain Therapy (e.g., BioWave); Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP), see the Coverage Summary for Stimulators: Electrical and Spinal Cord Stimulators.

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 30, 2018)

5. **Decompression Procedure, Percutaneous, of Nucleus Pulposus (CPT code 62287); see the Coverage Summary for Spine Procedures.**

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

8. **Epidural Injections**
   a. **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 state-specific LCD/LCAs, refer to the LCD Availability Grid (Attachment B).
      - For states with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 22nd edition, 2018, Epidural Corticosteroid Injection - A-0225 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
      - Committee approval date: September 18, 2018
      - Accessed September 12, 2018
   
   b. **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 and compliance with these policies is required where applicable. For state-specific LCD/LCAs, refer to the LCD Availability Grid (Attachment A).
      - For states with no LCDs/LCAs, see the UnitedHealthcare Medical Policy for Epidural Steroid and Facet Injections for Spinal Pain for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
      - Committee approval date: September 18, 2018
      - Accessed September 12, 2018
   
   c. **Other Epidural Injections/Infusions (CPT codes 62324, 62325, 62326 and 62327)**
      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 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 state-specific LCD/LCAs, refer to the LCD Availability Grid (Attachment J).
      - For states with no LCDs/LCAs, see the Novitas LCD for Epidural Injections for Pain Management (L36920) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
      - Committee approval date: September 18, 2018
      - Accessed September 12, 2018

9. **Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation**
UHC MA Coverage Summary: Pain Management and Pain Rehabilitation

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)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment C).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Medical Policy for Epidural Steroid and Facet Injections for Spinal Pain for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 18, 2018
   - Accessed September 12, 2018

b. 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment D).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Medical Policy for Ablative Treatment for Spinal Pain for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 18, 2018
   - Accessed September 12, 2018

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)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment E).
    - For states with no LCDs/LCAs, see the Wisconsin Physicians Services LCD for Trigger Points, Local Injection (L34588) for coverage guidelines. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
    - Committee approval date: September 18, 2018
    - Accessed September 13, 2018

11. Sacroiliac (SI) Joint Injections (CPT codes 27096 and 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 state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment F).
    - For states with no LCDs/LCAs, see the Novitas LCD for Paravertebral Facet and Sacroiliac Joint Injections (L34892) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
    - Committee approval date: September 18, 2018
    - Accessed September 13, 2018
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 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 state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment G)](attachment).
   - For states with no LCDs/LCAs, see the Noridian [LCDs for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton’s Neuroma (L34076)](database) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the [Medicare Coverage Database](database), if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 18, 2018
   - Accessed September 13, 2018

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)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the [LCD Availability Grid (Attachment H)](attachment).
   - For states with no LCDs/LCAs, see the [UnitedHealthcare Medical Policy for Occipital Neuralgia and Headache Treatment](policy) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the [Medicare Coverage Database](database), if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 18, 2018
   - Accessed September 13, 2018

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) 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 at this time.
   - For coverage guidelines, refer to the [UnitedHealthcare Medical Policy for Occipital Neuralgia and Headache Treatment](policy). (IMPORTANT NOTE: After searching the [Medicare Coverage Database](database), if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: September 18, 2018
   - Accessed September 12, 2018

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.
• Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
• **For coverage guidelines**, refer to the MCG™ Care Guidelines, 22nd edition, 2018, Presacral Neurectomy S-0236 (AC) for information regarding medical necessity review. (**IMPORTANT NOTE:** After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
• **Committee approval date:** September 18, 2018
• Accessed September 12, 2018

16. **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) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the **LCD Availability Grid (Attachment I).**
• **For states with no LCDs/LCAs**, see the UnitedHealthcare Medical Policy for Epiduroscopy, Epidural Lysis of Adhesions and Functional Anesthetic Discography for coverage guideline. (**IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
• **Committee approval date:** September 18, 2018
• Accessed September 12, 2018

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 30, 2018)

---

### II. DEFINITIONS

### III. REFERENCES

See above

### IV. REVISION HISTORY

09/18/2018 Annual review with the following updates:

Updated Local Coverage Determination (LCD) Availability Grids; remove instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

Guideline 8.c [Other Epidural Injections/Infusions (CPT codes 62324, 62325, 62326 and 62327)] - changed default for states without LCDs from Noridian L35457 to Novitas L36920 (only one contractor that mentions all CPT codes in guideline title)

Guideline 9.b [Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635 and 64636)] - deleted CPT code “64999” from title and LCD Avail. Grid (not in available LCDs)

Guideline 16 [Endoscopic Lysis of Adhesions by Use of Epiduroscope (CPT codes 62263}
• deleted CPT code “62292” from guideline title and LCD Avail. Grid (not in available LCDs or UHC MP)
• deleted CPT code “64999” from guideline title and LCD Avail. Grid (not in available LCDs)

03/20/2018 Re-review with the following updates:

Guideline 1 (Inpatient Pain Rehabilitation Programs) - deleted the specific detailed guidelines; exact same language already addressed in the reference NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3); replaced with the following language:

*Inpatient rehabilitation programs are covered when Medicare coverage criteria are met. For coverage guideline, see the NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3).*

Guideline 2 (Outpatient Pain Rehabilitation Program) – deleted the specific detailed guidelines; exact language already addressed in the reference NCD for Outpatient Hospital Pain Rehabilitation Programs (10.4); replaced with following language:

*Outpatient pain rehabilitation programs are covered when Medicare coverage criteria are met. For coverage guideline, see the NCD for Outpatient Hospital Pain Rehabilitation Programs (10.4).*

Guideline 3 (Pain Rehabilitation programs may include, but not limited to) - deleted the entire guideline section; exact same guideline already in reference NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3) which is already cross reference under Guideline 1; also deleted the note pertaining to peripheral nerve stimulators with reference link to the NCD for Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1) as same information is addressed in the Coverage Summary for Electrical and Spinal Cord Stimulators.

Guideline 3 (Stimulators for Pain Management) – new section; added the following language:

*For coverage guidelines for stimulators for pain management, e.g., Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT) for Pain Therapy (e.g., BioWave); Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low Back Pain (CLBP), see the Coverage Summary for Stimulators: Electrical and Spinal Cord Stimulators).*

Guideline 5 (Peripheral Nerve Stimulators) – deleted guideline ; same coverage language is addressed in the Coverage Summary for Stimulators: Electrical and Spinal Cord Stimulators.

Guideline 5 [Decompression procedure, percutaneous, of nucleus pulposus (CPT code 62287)] – formatting only; moved from bottom of page

Guideline 7 (Pain Pumps) – changed title from “Pain Pumps” to “Infusion Pumps for Pain”


Guideline 18 [(Transcutaneous Electrical Nerve Stimulation (TENS) for Chronic Low
Back Pain (CLBP) – deleted this section, duplicate information; same language already in the CS for Electric Stimulators.

Definitions
- In-hospital Level Pain Rehabilitation Program - deleted; definition already in the reference NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3)
- Pain Rehabilitation Program - deleted; definition already in the reference NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3)

02/20/2018 Re-review with the following updates:
Guideline 8.a-c (Epidural Injections) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.
Guideline 9.a-b (Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation Injections) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.
Guideline 10 (Trigger Point Injections) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.
Guideline 16 (Endoscopic Lysis of Adhesions by Use of Epiduroscope) – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

10/17/2017 Annual review with the following updates:
- Guideline 8.a [Lumbar and Sacral Epidural Injections (CPT codes 62322, 62323, 64483 and 64484)] –
  - replaced “Transforaminal” with “and Sacral Epidural Injections” in guideline title and renumber guideline to 8.b (to have in anatomical order)
  - moved CPT codes 62326-27 to guideline 8.c.
- Guideline 8.b [Cervical and Thoracic Epidural Injections (CPT codes 62320, 62321, 64479 and 64480)] – renumber guideline to guideline 8.a (to have in anatomical order)
- Guideline 8.c [Other Epidural Injections/Infusions (CPT codes 62324, 62325, 62326 and 62327)] – added CPT codes 62326-27 to title

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)] –
  - Added new 2017 CPT codes 62322-23, 62326-27
  - 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)] –
  - CPT codes 62310 deleted and replaced with 62320-21 for 2017
  - Added applicable CPT codes 64479 and 64480
- Guideline 8.c [Other Epidural Injections/Infusions (CPT codes 62324 and 62325)] –
  - CPT codes 62318-62319 deleted for 2017 and replaced by CPT codes 62324 and 62325
  - 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 Neuroma (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
Attachment A - LCD Availability Grid

Lumbar and Sacral Epidural Injections
(CPT codes 62322, 62323, 64483 and 64484)
CMS website accessed August 30, 2018

<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>AL, GA, NC, SC, TN VA, WV</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>
<tr>
<td>L36920</td>
<td>Epidural Injections for Pain Management</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX</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)
CMS website accessed August 30, 2018

<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>
</tbody>
</table>

Page 12 of 16

UHC MA Coverage Summary: Pain Management and Pain Rehabilitation
Proprietary Information of UnitedHealthcare. Copyright 2018 United HealthCare Services, Inc.
### Attachment B - LCD Availability Grid

**Cervical and Thoracic Epidural Injections**  
(CPT codes 62320, 62321, 64479 and 64480)  
CMS website accessed August 30, 2018

<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>L36920</td>
<td>Epidural Injections for Pain Management</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX</td>
</tr>
<tr>
<td>L33595</td>
<td>Monitored Anesthesia Care (MAC) for Certain Intervventional Pain Management Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

### Attachment C - LCD Availability Grid

**Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation**  
Diagnostic and Therapeutic  
(CPT codes 64490, 64491, 64492, 64493, 64494 and 64495)  
CMS website accessed September 12, 2018

<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>L3596</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, WY, WV</td>
</tr>
</tbody>
</table>
### Attachment D - LCD Availability Grid

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

CMS website accessed September 12, 2018

<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>L35996</td>
<td>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service 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 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>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

*End of Attachment D*

### Attachment E - LCD Availability Grid

**Trigger Point Injections**
(CPT codes 20552 and 20553)

CMS website accessed September 13, 2018

<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>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>
<tr>
<td>L34588</td>
<td>Trigger Points, Local Injection</td>
<td>MAC - Part A &amp; B</td>
<td>Wisconsin Physicians Service Insurance</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>
### Attachment E - LCD Availability Grid

**Trigger Point Injections**
(CPT codes 20552 and 20553)

CMS website accessed September 13, 2018

<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>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>
<tr>
<td>L36859</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>
</tbody>
</table>

**End of Attachment E**

### Attachment F - LCD Availability Grid

**Sacroiliac (SI) Joint Injections**
(CPT codes 27096 and G0260)

CMS website accessed September 12, 2018

<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 September 12, 2018

<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, Inc.</td>
<td>AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY</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>
</tbody>
</table>

**End of Attachment G**

### Attachment H - LCD Availability Grid

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

CMS website accessed September 12, 2018

<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>L36850</td>
<td>Peripheral Nerve Blocks</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, MA, ME, NH, RI, VT</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>
</tbody>
</table>
### Attachment H - LCD Availability Grid

**Injection, Anesthetic Agent, Greater Occipital Nerve**

(CPT code 64405)

CMS website accessed September 12, 2018

<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>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 by Use of Epiduroscope**

(CPT codes 62263 and 62264)

CMS website accessed September 12, 2018

<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>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>
<tr>
<td>L36954</td>
<td>Noncovered Services other than CPT® Category III Noncovered Services</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, ND, SD, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment I

### Attachment J - LCD Availability Grid

**Other Epidural Injections/Infusions**

(CPT codes 62324, 62325, 62326 and 62327)

CMS website accessed August 30, 2018

<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>L36920</td>
<td>Epidural Injections for Pain Management</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 J