## 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:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 09/17/2019</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)
- Paravertebral Facet Joint Injections

---

**INDEX TO COVERAGE SUMMARY**

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 Treatment of Intractable Cancer 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**

---

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.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).
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. See the NCD for Inpatient Hospital Pain Rehabilitation Programs (10.3). (Accessed September 11, 2019)

2. Outpatient Pain Rehabilitation Programs
   Outpatient pain rehabilitation programs are covered when Medicare coverage criteria are met. See the NCD for Outpatient Hospital Pain Rehabilitation Programs (10.4). (Accessed September 11, 2019)

3. 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. 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 September 11, 2019)

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 Treatment of Intractable Cancer Pain**

Infusion pumps for treatment of intractable cancer 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 LCDs/LCAs, refer to the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 23rd edition, 2019, 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 17, 2019**
   - Accessed September 18, 2019

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 for all 50 states exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment A).
   - **Committee approval date: September 17, 2019**
   - Accessed September 18, 2019

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 LCDs/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 17, 2019**
   - Accessed September 18, 2019

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)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment C).
• Committee approval date: September 17, 2019
• Accessed September 18, 2019

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 for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment D).
• Committee approval date: September 17, 2019
• Accessed September 18, 2019

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 for trigger point injections.
• Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the LCD Availability Grid (Attachment E).
• Committee approval date: September 17, 2019
• Accessed September 18, 2019

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 National Government Services LCD for Pain Management (L33622) 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 17, 2019
• Accessed September 18, 2019

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).
• For states with no LCDs/LCAs, see the Noridian LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton’s Neuroma (L34076) 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 17, 2019
• Accessed September 18, 2019
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).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Occipital Neuralgia and Headache Treatment 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 17, 2019
   - Accessed September 18, 2019

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 Commercial Medical Policy for Occipital Neuralgia and Headache Treatment. (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 17, 2019
   - Accessed September 18, 2019

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, 23rd edition, 2019, 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 17, 2019
   - Accessed September 18, 2019

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 Commercial 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 17, 2019
   - Accessed September 18, 2019
Committee approval date: September 17, 2019
Accessed September 18, 2019

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 September 11, 2019)

II. DEFINITIONS

III. REFERENCES
See above

IV. REVISION HISTORY

09/17/2019 Guideline 7 (Infusion Pumps for Treatment of Intractable Cancer Pain)
- Changed guideline title; previously titled Infusion Pumps for Pain
- Replaced language indicating “infusion pumps for pain are covered when criteria are met” with “infusion pumps for treatment of intractable cancer pain are covered when criteria are met”

Guideline 8.b [Lumbar and Sacral Epidural Injections (CPT codes 62322, 62323, 64483, and 64484)]
- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Guideline 9.a [Diagnostic and Therapeutic (CPT codes 64490, 64491, 64492, 64493, 64494, and 64495)]
- Revised language pertaining to applicable LCDs/LCAs to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Guideline 9.b [Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635, and 64636)]
- Revised language pertaining to applicable LCDs/LCAs to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Guideline 10 [Trigger Point Injections (CPT codes 20552 and 20553)]
- Revised language pertaining to applicable LCDs/LCAs to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Attachments
- Updated LCD Availability Grids to reflect the most current reference links
### Attachment A - LCD Availability Grid

#### Lumbar and Sacral Epidural Injections

(CPT codes 62322, 62323, 64483 and 64484)

CMS website accessed September 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</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>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
<tr>
<td>L34807</td>
<td>Lumbar Epidural Steroid Injections</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
<td></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>
<td></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, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WY, WY</td>
<td></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>
<td></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>
<td></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 September 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</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>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
</tbody>
</table>

End of Attachment B
### 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 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<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>
<td></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>
<td></td>
</tr>
<tr>
<td>L34892</td>
<td>Facet Joint Interventions for Pain Management</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, LA, MS, NM, OK, TX DE, DC, MD, NJ, PA</td>
<td></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>
<td></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>
<td></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>
<td></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, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
<td></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>
<td></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>
<td></td>
</tr>
</tbody>
</table>

End of Attachment C

### Attachment D - LCD Availability Grid

**Paravertebral Joint/Nerve Denervation**

(CPT codes 64633, 64634, 64635 and 64636)

CMS website accessed September 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</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>
<td></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>
<td></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>
<td></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>
<td></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>
<td></td>
</tr>
</tbody>
</table>
### Attachment D- LCD Availability Grid

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

CMS website accessed September 18, 2019

<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>L35996</td>
<td>Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635 and 64636)</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>L35996</td>
<td>Paravertebral Joint/Nerve Denervation (CPT codes 64633, 64634, 64635 and 64636)</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</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 18, 2019

<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 Corp.</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, 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 Corp.</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>
<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 18, 2019

<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>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 18, 2019

<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</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 18, 2019

<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>
<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 18, 2019

<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>Non-covered Services other than CPT® Category III Non</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, ND, SD, TN, VA, WV</td>
</tr>
</tbody>
</table>
## Attachment I - LCD Availability Grid

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

CMS website accessed September 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>covered</td>
<td></td>
<td></td>
<td></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 September 18, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L36920</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>(A56681)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L35456</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>CA, AS, GU, HI, MP, NV</td>
</tr>
<tr>
<td>(A56034)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L35457</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>(A52725)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

End of Attachment J