

Pain Management and Rehabilitation

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Related Medicare Advantage Policy Guidelines

- [Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy \(NCD 160.7.1\)](#)
- [Facet Joint Interventions for Pain Management](#)
- [Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents \(NCD 150.7\)](#)

Coverage Guidelines

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

Inpatient Pain Rehabilitation Programs

Inpatient rehabilitation programs are covered when Medicare coverage criteria are met. Refer to the [National Coverage Determination \(NCD\) for Inpatient Hospital Pain Rehabilitation Programs \(10.3\)](#). (Accessed August 26, 2021)

Outpatient Pain Rehabilitation Programs

Outpatient pain rehabilitation programs are covered when Medicare coverage criteria are met. Refer to the [NCD for Outpatient Hospital Pain Rehabilitation Programs \(10.4\)](#). (Accessed August 26, 2021)

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 Spinal Cord Stimulators](#).

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. Refer to the [NCD for Autogenous Epidural Blood Graft \(10.5\)](#). (Accessed August 26, 2021)

Decompression Procedure, Percutaneous, of Nucleus Pulposus (CPT code 62287)

Refer to the Coverage Summary titled [Spine Procedures](#).

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 [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#).

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 [Infusion Pump Therapy](#).

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)

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 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 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.

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 Joint/Nerve Denervation](#).

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 all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Trigger Point Injections](#).

Sacroiliac (SI) Joint Injections (CPT code 27096, 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 National Government Services [LCD for Pain Management \(L33622\)](#).

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 [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.

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.

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. Refer to the [NCD for Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents \(150.7\)](#).

(Accessed August 26, 2021)

Supporting Information

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

| Lumbar and Sacral Epidural Injections | | | | |
|---------------------------------------|---|------------------|--|---|
| Accessed October 27, 2021 | | | | |
| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
| L33906 (A56651) | Epidural | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |
| L35937 (A57494) | Lumbar Epidural Injections | Part A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI |
| L34980 (A57203) | Lumbar Epidural Injections | Part A and B MAC | Noridian Healthcare Solutions, LLC | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| L34982 (A57202) | Lumbar Epidural Injections | Part A and B MAC | Noridian Healthcare Solutions, LLC | AS, CA, GU, HI, MP, NV |
| L36920 (A56681) | Epidural Injections for Pain Management | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX |
| L35148 (A56721) | Lumbar Epidural Steroid Injections | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
| L36521 (A57555) | Lumbar Epidural Injections | Part A MAC | Wisconsin Physicians Service Insurance Corp. | 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* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk. |
| L36521 (A57555) | Lumbar Epidural Injections | Part B MAC | Wisconsin Physicians Service Insurance Corp. | IA, IN, KS, MI, MO, NE |
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| Cervical and Thoracic Epidural Injections | | | | |
|---|---|------------------|------------------------------------|-------------------------------|
| Accessed October 27, 2021 | | | | |
| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
| L33906 (A56651) | Epidural | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |
| 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 |

Cervical and Thoracic Epidural Injections

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| 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 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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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) | Paravertebral Facet Joint Blocks | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |
| 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 (A58477) | Facet Joint Interventions for Pain Management | Part A MAC | Wisconsin Physicians Service Insurance Corp. | 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* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk. |
| L38841 (A57553) | Facet Joint Interventions for Pain Management | Part B MAC | Wisconsin Physicians Service Insurance Corp. | IA, IN, KS, MI, MO, NE |

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Paravertebral Joint/Nerve Denervation

Accessed October 27, 2021

| 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 Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy | 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 (A58477) | Facet Joint Interventions for Pain Management | Part A MAC | Wisconsin Physicians Service Insurance Corp. | 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* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk. |
| L38841 (A58477) | Facet Joint Interventions for Pain Management | Part B MAC | Wisconsin Physicians Service Insurance Corp. | IA, IN, KS, MI, MO, NE |

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Trigger Point Injections

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| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|---|------------------|------------------------------------|--|
| L33912 (A57114) | Injection of Trigger Points | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |
| L33622 (A52863) | Pain Management | Part A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NY, NH, RI, VT, WI |

Trigger Point Injections

Accessed October 27, 2021

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|--|------------------|--|---|
| L34211 (A57701) | Trigger Point Injections | Part A and B MAC | Noridian Healthcare Solutions, LLC | AS, CA, GU, HI, MP, NV |
| L36859 (A57702) | Trigger Point Injections | Part A and B MAC | Noridian Healthcare Solutions, LLC | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| L35010 (A57751) | Trigger Point Injections | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| L37635 (A56745) | Trigger Point Injections | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
| L34588 (A56909) | Trigger Points, Local Injections | Part A MAC | Wisconsin Physicians Service Insurance Corp. | 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* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk. |
| L34588 (A56909) | Trigger Points, Local Injections | Part 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 |
|--------------------|---------------------------------|------------------|------------------------------------|--|
| 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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Injections of Tendon sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton's Neuroma

Accessed October 27, 2021

| 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 |
| 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 | Part A and B MAC | Noridian Healthcare Solutions, LLC | AS, CA, GU, HI, MP, NV |

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 |
|------------|---|-----------------|-----------------|-------------------------------|
| | Cyst. Tunnel Syndromes and Morton's Neuroma | | | |

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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 |
| 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 Injections for Pain Management | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX |

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Sacroiliac (SI) Joint Nerve Denervation

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| 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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Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 09/21/2021 | <p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Pain Management and Pain Rehabilitation</i> <p>Supporting Information</p> |

| Date | Summary of Changes |
|------|---|
| | <ul style="list-style-type: none"> Updated list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to reflect the most current reference links Archived previous policy version MCS070.01 |

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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.

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](#)).

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