

Pain Management

Policy Number: MCS070.08
Approval Date: March 13, 2024
Effective Date: May 1, 2024

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Related Policies
None

Coverage Guidelines

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

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

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including transcutaneous electrical nerve stimulation; form fitting conductive garments for delivery of TENS or NMES; neuromuscular stimulator electric shock unit and transcutaneous electrical joint stimulation system). For DME Face to Face Requirement information, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).

Stimulators for Pain Management

Stimulators for pain management, e.g., percutaneous electrical nerve stimulation (PENS) and percutaneous neuromodulation therapy (PNT) for pain therapy (e.g., BioWave) and transcutaneous electrical nerve stimulation (TENS) for chronic low back pain (CLBP) are covered when criteria are met. Refer to the Coverage Summary titled [Electrical and Ultrasonic Stimulators](#).

Massage Therapy

Massage therapy is not covered except if it is part of multi-modality authorized treatment plan appropriate to the member's diagnosis plan with a licensed therapist in attendance. Refer to the Coverage Summary titled [Skilled Nursing Facility, Rehabilitation, and Long Term Hospital](#).

Infusion Pumps for Treatment of Intractable Cancer Pain

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

Epidural Injections

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

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

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial 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](#).

Implanted Infusion Pump for Chronic Pain (CPT Codes 62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, and 62362)

Medicare does not have a National Coverage Determination (NCD) for implanted infusion pump for chronic pain. 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 [Infusion Pump for Chronic Pain](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the United Healthcare Commercial Medical Policy titled [Implanted Spinal Drug Delivery Systems](#).

Note: After checking the [Infusion Pump for Chronic Pain](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 14, 2024)

Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation

Diagnostic and Therapeutic (CPT Codes 64490, 64491, 64492, 64493, 64494, and 64495)

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

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

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

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

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

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

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

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

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

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

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

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

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

Genicular Neve Block (GNB) and Radiofrequency Ablation (RFA) for the Treatment of Chronic Knee Pain (CPT Codes 64454, 64624, and 64999)

Medicare does not have a National Coverage Determination (NCD) for genicular nerve block to treat chronic knee pain. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Medical Policy titled [Omnibus Codes](#).

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

Percutaneous Cryoneurolysis for the Treatment of Chronic Pain (e.g., the iovera® system) (CPT Codes 0440T, 0441T, and 0442T)

Medicare does not have a National Coverage Determination (NCD) for percutaneous cryoneurolysis for the treatment of chronic pain. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Medical Policy titled [Omnibus Codes](#).

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

For more information see the CGS Billing and Coding Instructions for Cryoneurolysis at [CGS Medicare Part A Publication & News](#). (Accessed March 7, 2024)

Supporting Information

Lumbar and Sacral Epidural Injections

Accessed March 14, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39015 (A58731)	Epidural Steroid Injections for Pain Management	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33906 (A56651)	Epidural Steroid Injections for Pain Management	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L39036 (A58745)	Epidural Steroid Injections for Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39242 (A58995)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39240 (A58993)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36920 (A56681)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX
L38994 (A58695)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39054 (A58777)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.*	IA, IN, KS, MI, MO, NE

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Cervical and Thoracic Epidural Injections

Accessed March 14, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39015 (A58731)	Epidural Steroid Injections for Pain Management	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33906 (A56651)	Epidural Steroid Injections for Pain Management	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L39036 (A58745)	Epidural Steroid Injections for Pain Management	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L35457 (A52725)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

Cervical and Thoracic Epidural Injections

Accessed March 14, 2024

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

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Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation

Diagnostic and Therapeutic

Accessed January 10, 2024

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

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Sacroiliac (SI) Joint Injections and Denervation

Accessed January 10, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39383 (A59154)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	CGS Administrators, LLC	KY, OH
L39455 (A59233)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L39462 (A59244)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L39464 (A59246)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39402 (A59192)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39475 (A59257)	Sacroiliac Joint Injections and Procedures	Part A and B MAC	Wisconsin Physicians Service Insurance Corp. *	IA, IN, KS, MI, MO, NE

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Injection, Anesthetic Agent, Greater Occipital Nerve

Accessed January 10, 2024

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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Infusion Pump for Chronic Pain

Accessed March 14, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A55239	Billing and Coding: Implantable Infusion Pumps for Chronic Pain	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
A55323	Billing and Coding: Implantable Infusion Pumps for Chronic Pain	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

Infusion Pump for Chronic Pain

Accessed March 14, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L36920 (A56681)	Epidural Steroid Injections for Pain Management	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX
L33461 (A56695)	Implantable Infusion Pump	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Radiofrequency Ablation of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain

Accessed January 10, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39420 (A59205)	Thermal Destruction of the Intraosseous Basivertebral Nerve (BVN) for Vertebrogenic Lower Back Pain	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39642 (A59466)	Intraosseous Basivertebral Nerve Ablation	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L39644 (A59468)	Intraosseous Basivertebral Nerve Ablation	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

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MACs with Corresponding States/Territories

MACs	States/Territories
CGS	KY, OH
First Coast	FL, PR, VI
NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian	AK, AS, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Palmetto	AL, GA, NC, SC, TN, VA, WV
WPS*	IA, IN, KS, MI, MO, NE

***Note:** Wisconsin Physicians Service Insurance Corporation Contract Number 05901 - applies only to WPS Legacy Mutual of Omaha MAC A Providers

Policy History/Revision Information

Date	Summary of Changes
03/13/2024	<p>Coverage Guidelines</p> <p><i>Genicular Neve Block (GNB) and Radiofrequency Ablation (RFA) for the Treatment of Chronic Knee Pain (CPT Codes 64454, 64624, and 64999)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate:

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Medicare does not have a National Coverage Determination (NCD) for genicular nerve block to treat chronic knee pain; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> ○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Percutaneous Cryoneurolysis for the Treatment of Chronic Pain (e.g., the iovera[®] system) (CPT Codes 0440T, 0441T, and 0442T) (new to policy)</i></p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have a NCD for percutaneous cryoneurolysis for the treatment of chronic pain; LCDs/LCAs do not exist ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Omnibus Codes</i> ○ After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines ○ For more information, see the <i>CGS Billing and Coding Instructions: Cryoneurolysis</i> at CGS Medicare Part A Publication & News <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added list of applicable <i>Medicare Administrative Contractors (MACs) with Corresponding States/Territories</i> ● Updated lists of applicable LCDs/LCAs to reflect the most current information: <ul style="list-style-type: none"> ○ Added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers ○ Modified reference information for: <ul style="list-style-type: none"> ▪ <i>Cervical and Thoracic Epidural Injections</i> ▪ <i>Infusion Pump for Chronic Pain</i> ▪ <i>Lumbar and Sacral Epidural Injections</i> <p>Administrative</p> <ul style="list-style-type: none"> ● Archived previous policy version MCS070.07

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical

literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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