

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: 01/19/2021
Related Medicare Advantage Policy Guidelines:		
<ul style="list-style-type: none"> • Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (NCD 160.7.1) 		<ul style="list-style-type: none"> • Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents (NCD 150.7) • 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.

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](#)).

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
	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.	Sacroiliac (SI) Joint Nerve Denervation
	13.	Injections of Tendon Sheaths, Ligaments, Ganglion Cysts, Carpal and Tarsal Tunnels and Morton's Neuroma
	14.	Injection, Anesthetic Agent, Greater Occipital Nerve

	15.	Decompression; Unspecified Nerve and Transection or Avulsion of; Greater Occipital Nerve for Treatment of Headaches
	16.	Endoscopic Lysis of Adhesions by Use of Epiduroscope
	17.	Prolotherapy, Joint Sclerotherapy and Ligamentous Injections with Sclerosing Agents
II.		DEFINITIONS
III.		REFERENCES
IV.		REVISION HISTORY
V.		ATTACHMENTS

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 10, 2020)

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 10, 2020)

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 10, 2020)

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

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 specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment B\)](#).
- **For coverage guidelines for states/territories with no LCDs/LCAs, refer to the MCG™ Care Guidelines, 24th edition, 2020, Epidural Corticosteroid Injection-A-0225 (AC) for information regarding medical necessity review. Click [here](#) to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)**
- **Committee approval date: September 15, 2020**
- Accessed January 4, 2021

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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment A\)](#).
- **Committee approval date: September 15, 2020**
- Accessed January 4, 2021

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 specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment I\)](#).
- **For coverage guidelines for states/territories with no LCDs/LCAs, see the Novitas [LCD for Epidural Injections for Pain Management \(L36920\)](#). (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)**
- **Committee approval date: September 15, 2020**
- Accessed January 4, 2021

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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment C\)](#).*
 - **Committee approval date: September 15, 2020**
 - *Accessed January 4, 2021*
- 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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment D\)](#).*
 - **Committee approval date: September 15, 2020**
 - *Accessed January 4, 2021*
- 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 all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the [LCD/LCA Availability Grid \(Attachment E\)](#).*
 - **Committee approval date: September 15, 2020**
 - *Accessed January 4, 2021*
- 11. Sacroiliac (SI) Joint Injections (CPT code 27096 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 [LCD/LCA Availability Grid \(Attachment F\)](#).*
 - *For coverage guidelines for states/territories with no LCDs/LCAs, see the National Government Services [LCD for Pain Management \(L33622\)](#). (**IMPORTANT NOTE:** After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: September 15, 2020**
 - *Accessed January 4, 2021*
- 12. 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 [LCD/LCA Availability Grid \(Attachment K\)](#).*
 - *For coverage guidelines for states/territories with no LCDs/LCAs, see the UnitedHealthcare Medical Ablative Treatment for Spinal Pain [UnitedHealthcare Medical Ablative Treatment for Spinal Pain](#). (**IMPORTANT NOTE:** After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: January 19, 2021**
 - *Accessed January 4, 2021*
- 13. 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 [LCD/LCA Availability Grid \(Attachment G\)](#).*
 - *For coverage guidelines for states/territories with no LCDs/LCAs, see the Noridian [LCD for Injections – Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma \(L34076\)](#). (**IMPORTANT NOTE:** After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: September 15, 2020**
 - **Accessed January 4, 2021**
14. **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 [LCD/LCA Availability Grid \(Attachment H\)](#).*
 - *For coverage guidelines for states/territories with no LCDs/LCAs, see the [UnitedHealthcare Commercial Medical Policy for Occipital Neuralgia and Headache Treatment](#). (**IMPORTANT NOTE:** After checking the LCD/LCA Availability Grid and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: September 15, 2020**
 - **Accessed January 4, 2021**
15. **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 LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: September 15, 2020**
 - **Accessed September 10, 2020**
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) do not exist at this time.*
 - *For coverage guidelines, see the [UnitedHealthcare Commercial Medical Policy for Epiduroscopy, Epidural Lysis of Adhesions and Discography](#). (**IMPORTANT NOTE:** After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the above referenced policy.)*
 - **Committee approval date: September 15, 2020**
 - **Accessed September 10, 2020**

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 10, 2020)*

II. DEFINITIONS

III REFERENCES

IV REVISION HISTORY

- 01/19/2021 **Guideline 12 [Sacroiliac (SI) Joint Nerve Denervation (CPT code 64625)]** (new to policy)
- Added coverage guidelines to indicate:
 - Medicare does not have a National Coverage Determination (NCD) for Sacroiliac (SI) Nerve Denervation
 - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable
 - For coverage guidelines for states/territories with no LCDs/LCAs; refer to the UnitedHealthcare Commercial Medical Policy titled *Medical Ablative Treatment for Spinal Pain*
- Guideline 16 (Presacral Neurectomy and Uterine Nerve Ablation for Pelvic Pain)**
- Removed coverage guideline (no CMS reference available)
- Attachments**
- Added *Attachment K: LCD/LCA Availability Grid for Sacroiliac (SI) Joint Nerve Denervation*
 - Updated *LCD/LCA Availability Grids* to reflect the most current reference links

V. ATTACHMENTS

Attachment A – LCD/LCA Availability Grid

Lumbar and Sacral Epidural Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33906 (A56651)	Epidural	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35937 (A57494)	Lumbar Epidural Injections	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34980 (A57203)	Lumbar Epidural Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34982 (A57202)	Lumbar Epidural Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36920 (A56681)	Epidural Injections for Pain Management	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX
L35148 (A56721)	Lumbar Epidural Steroid Injections	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN VA, WV
L36521 (A57555)	Lumbar Epidural Injections	MAC Part A	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*,

Attachment A – LCD/LCA Availability Grid

Lumbar and Sacral Epidural Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
				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* <i>(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)</i>
L36521 (A57555)	Lumbar Epidural Injections	MAC Part B	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

End of Attachment A

Attachment B – LCD/LCA Availability Grid

Cervical and Thoracic Epidural Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33906 (A56651)	Epidural	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	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	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	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, MD, MS, NM, NJ, OK, PA, TX

End of Attachment B

Attachment C – LCD/LCA Availability Grid

**Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation
Diagnostic and Therapeutic**

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L34832 (A56463)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	CGS Administrators, LLC	KY, OH
L33930 (A57787)	Paravertebral Facet Joint Blocks	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	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34993 (A57727)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

Attachment C – LCD/LCA Availability Grid
Paravertebral Facet Joint/Nerve Blocks and Nerve Denervation
Diagnostic and Therapeutic

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L34995 (A57728)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	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	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA TX
L36471 (A55687)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35996 (A57553)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	MAC Part A	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* <i>(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)</i>
L35996 (A57553)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	MAC Part B	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

End of Attachment C

Attachment D – LCD/LCA Availability Grid
Paravertebral Joint/Nerve Denervation

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L34832 (A56463)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	CGS Administrators, LLC	KY, OH
L33814 (A57639)	Destruction of Paravertebral Facet Joint Nerve(s)	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
A55714	Destruction of Paravertebral Facet Joint Nerve(s)	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	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

Attachment D – LCD/LCA Availability Grid
Paravertebral Joint/Nerve Denervation

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L34993 (A57727)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L34995 (A57728)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	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	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36471 (A55687)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35996 (A57553)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	MAC Part A	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* <i>(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)</i>
L35996 (A57553)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	MAC Part B	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE
End of Attachment D				

Attachment E – LCD/LCA Availability Grid
Trigger Point Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33912 (A57114)	Injection of Trigger Points	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L33622 (A52863)	Pain Management	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NY, NH, RI, VT, WI
L34211 (A57701)	Trigger Point Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L36859 (A57702)	Trigger Point Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
A56027	Piriformis Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

Attachment E – LCD/LCA Availability Grid

Trigger Point Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
A56028	Piriformis Injections	A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35010 (A57751)	Trigger Point Injections	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA TX
L37635 (A56745)	Trigger Point Injections	A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34588 (A56909)	Trigger Points, Local Injection	MAC Part A	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* <i>(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)</i>
L34588 (A56909)	Trigger Points, Local Injection	MAC Part B	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

End of Attachment E

Attachment F – LCD/LCA Availability Grid

Sacroiliac (SI) Joint Injections

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33622 (A52863)	Pain Management	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

End of Attachment F

Attachment G – LCD/LCA Availability Grid

Injections of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels and Morton's Neuroma

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33622 (A52863)	Pain Management	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	A and B MAC	Noridian Healthcare Solutions	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L34218 (A57079)	Injections – Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma	A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV

End of Attachment G

Attachment H – LCD/LCA Availability Grid
Injection, Anesthetic Agent, Greater Occipital Nerve

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33933 (A57788)	Peripheral Nerve Blocks	A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L36850 (A57452)	Peripheral Nerve Blocks	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	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	A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

End of Attachment H

Attachment I – LCD/LCA Availability Grid

Other Epidural Injections/Infusions

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L35456 (A56034)	Nerve Blockade for Treatment of Chronic Pain and Neuropathy	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	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	A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX

End of Attachment I

Attachment K – LCD/LCA Availability Grid

Sacroiliac (SI) Joint Nerve Denervation

CMS website accessed January 4, 2021

ID #	Title	Contractor Type	Contractor	States/Territories
L33622 (A52863)	Pain Management	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35936 (A57826)	Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

End of Attachment K