

Local Coverage Determination (LCD) for Peripheral Nerve Blocks (L29258)

Contractor Information

Contractor Name

First Coast Service Options,
Inc.

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Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

Document Information

LCD ID Number

L29258

LCD Title

Peripheral Nerve Blocks

Contractor's Determination Number

64400

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CMS National Coverage Policy

Title XVIII of the Social Security Act, section 1862 (a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

CMS Manual System, Pub. 100-04, Medicare Claims Processing Manual, Chapter 12, Section 50

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

For services performed on or after 02/02/2009

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 10/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Peripheral nerves can be the cause of pain in a variety of conditions. Examples may include: post-herniorrhaphy pain (ilioinguinal/iliohypogastric/genitofemoral), iliac crest harvest syndromes (cluneal nerve, lateral femoral cutaneous nerve), carpal tunnel syndrome (median nerve), Morton's neuroma, facial pain and headaches (trigeminal and occipital nerve).

Peripheral nerve blocks may be used for both diagnostic and therapeutic purposes. Diagnostically, a peripheral nerve block allows the clinician to isolate the specific cause of pain in an individual patient. The injection of local anesthetic, with or without steroid may also provide an extended therapeutic benefit. If the patient does not achieve sustained relief a denervation procedure via chemical, cryoneurolysis or radiofrequency may be effective at providing long term relief.

Medicare will consider peripheral nerve blocks medically reasonable and necessary for conditions such as the following diagnostic and therapeutic purposes:

1. When the patient's pain appears to be due to a classic mononeuritis but the neuro-diagnostic studies have failed to provide a structural explanation, selective peripheral nerve blockade can usually clarify the situation.
2. When peripheral nerve injuries/entrapment or other extremity trauma leads to complex regional pain syndrome.
3. When selective peripheral nerve blockade is used diagnostically in those cases in which the clinical picture is unclear.
4. When a occipital nerve block is used to confirm the clinical impression of the presence of occipital neuralgia. Chronic headache/occipital neuralgia can result from chronic spasm of the neck muscles as the result of either myofascial syndrome or underlying cervical spinal disease. It may be unilateral or bilateral, constant or intermittent. Nerve injury secondary to a blow to the back of the head or trauma to the nerve from a scalp laceration can also cause this condition. Most commonly it is caused by an entrapment of the occipital nerve in its course from its origin from the C2 nerve root to its entrance into the scalp through the mid portion of the superior nuchal line. Blockage of the occipital nerve can confirm the clinical impression of occipital neuralgia particularly if the clinical picture is not entirely typical. If only temporary relief of symptoms is obtained, neurolysis of the greater occipital nerve may be considered via multiple techniques including pulsed radiofrequency, and cryoanalgesia. In addition, the lesser and third occipital nerves can be involved in the pathology of headaches, and can be treated in a similar manner.
5. When the suprascapular nerve block is used to confirm the diagnosis of suspected entrapment of the nerve. Entrapment of the suprascapular nerve as it passes through the suprascapular notch can produce a syndrome of pain within the shoulder with weakness of supraspinatus and infraspinatus muscles. When the history and examination point to the diagnosis, a suprascapular nerve block leading to relief of pain can confirm it. This may be followed by injection of depository steroids that sometime provide lasting relief.

6. When the trigeminal nerve is blocked centrally at the trigeminal ganglion, along one of the three divisions or at one of the many peripheral terminal branches (i.e., supraorbital nerve).

7. Nerve blocks as preemptive analgesia

A. When a single injection peripheral nerve block provides post-surgical pain control

1. during the transition to oral analgesics

2. in those procedures which cause severe pain normally uncontrolled by oral analgesics

3. in cases otherwise requiring control with intravenous or parenteral narcotics.

4. in cases where the patient cannot tolerate treatment with narcotics due to allergy or side effects, etc.

B. When a continuous peripheral nerve block provides the same as above, and furthermore may provide extended (i.e. one to five or more days) relief as a result of chronic administration of anesthetic.

Preemptive analgesia starts before surgery, and a presumption of medical necessity is being made before the fact. Therefore, based on generally accepted clinical standards and evidence in peer reviewed medical literature the surgical procedure must be of such nature that the patient would benefit from the preemptive analgesia.

Medical management using medications, behavioral therapy, and physical therapy should be used (when appropriate) in conjunction with peripheral nerve block.

Injection of depository steroids, may offer only temporary relief. In some cases, neurolysis may be appropriate to provide lasting relief.

If the patient does not achieve progressively sustained relief with repeat injections, alternative therapeutic options should be explored.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes**GroupName**

64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH

ICD-9 Codes that Support Medical Necessity

053.12	POSTHERPETIC TRIGEMINAL NEURALGIA
053.13	POSTHERPETIC POLYNEUROPATHY
053.9	HERPES ZOSTER WITHOUT COMPLICATION
140.0 - 149.9	MALIGNANT NEOPLASM OF UPPER LIP VERMILION BORDER - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE LIP AND ORAL CAVITY
150.0 - 159.9	MALIGNANT NEOPLASM OF CERVICAL ESOPHAGUS - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM
160.0 - 165.9	MALIGNANT NEOPLASM OF NASAL CAVITIES - MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM
170.0 - 176.9	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE EXCEPT MANDIBLE - KAPOSII'S SARCOMA UNSPECIFIED SITE
179 - 189.9	MALIGNANT NEOPLASM OF UTERUS-PART UNS - MALIGNANT NEOPLASM OF URINARY ORGAN SITE UNSPECIFIED
190.0 - 199.2	MALIGNANT NEOPLASM OF EYEBALL EXCEPT CONJUNCTIVA CORNEA RETINA AND CHOROID - MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANT ORGAN
200.00 - 208.92	RETICULOSARCOMA UNSPECIFIED SITE - UNSPECIFIED LEUKEMIA, IN RELAPSE
209.00 - 209.79	MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION - SECONDARY NEUROENDOCRINE TUMOR OF OTHER SITES
210.0 - 229.9	BENIGN NEOPLASM OF LIP - BENIGN NEOPLASM OF UNSPECIFIED SITE
230.0 - 234.9	CARCINOMA IN SITU OF LIP ORAL CAVITY AND PHARYNX - CARCINOMA IN SITU SITE UNSPECIFIED
235.0 - 238.9	NEOPLASM OF UNCERTAIN BEHAVIOR OF MAJOR SALIVARY GLANDS - NEOPLASM OF UNCERTAIN BEHAVIOR SITE UNSPECIFIED
239.0 - 239.9	NEOPLASM OF UNSPECIFIED NATURE OF DIGESTIVE SYSTEM - NEOPLASM OF UNSPECIFIED NATURE SITE UNSPECIFIED
307.81	TENSION HEADACHE
337.20 - 337.29	REFLEX SYMPATHETIC DYSTROPHY UNSPECIFIED - REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE
338.18	OTHER ACUTE POSTOPERATIVE PAIN
350.1	TRIGEMINAL NEURALGIA
350.2	ATYPICAL FACE PAIN
353.9	UNSPECIFIED NERVE ROOT AND PLEXUS DISORDER
354.0	CARPAL TUNNEL SYNDROME
354.4	CAUSALGIA OF UPPER LIMB

355.1	MERALGIA PARESTHETICA
355.6	LESION OF PLANTAR NERVE
355.71	CAUSALGIA OF LOWER LIMB
355.8	MONONEURITIS OF LOWER LIMB UNSPECIFIED
355.9	MONONEURITIS OF UNSPECIFIED SITE
443.0	RAYNAUD'S SYNDROME
443.9	PERIPHERAL VASCULAR DISEASE UNSPECIFIED
564.6	ANAL SPASM
569.42	ANAL OR RECTAL PAIN
625.9	UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS
719.41	PAIN IN JOINT INVOLVING SHOULDER REGION
719.42	PAIN IN JOINT INVOLVING UPPER ARM
719.43	PAIN IN JOINT INVOLVING FOREARM
719.44	PAIN IN JOINT INVOLVING HAND
719.45	PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
719.46	PAIN IN JOINT INVOLVING LOWER LEG
719.47	PAIN IN JOINT INVOLVING ANKLE AND FOOT
723.1	CERVICALGIA
723.8	OTHER SYNDROMES AFFECTING CERVICAL REGION
724.1	PAIN IN THORACIC SPINE
724.2	LUMBAGO
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
726.0	ADHESIVE CAPSULITIS OF SHOULDER
726.5	ENTHESOPATHY OF HIP REGION
729.2	NEURALGIA NEURITIS AND RADICULITIS UNSPECIFIED
784.0	HEADACHE
786.52	PAINFUL RESPIRATION
789.00 - 789.09	ABDOMINAL PAIN UNSPECIFIED SITE - ABDOMINAL PAIN OTHER SPECIFIED SITE
789.9	OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS
997.61	NEUROMA OF AMPUTATION STUMP

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

XX000	Not Applicable
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ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

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General Information

Documentations Requirements

Based on Medicare rules, regulations, and Correct Coding Initiative (CCI) edits, preemptive nerve blocks are not separately payable when done by the surgeon or the anesthesia professional who provides anesthesia/analgesia for the procedure. When preemptive analgesia is performed by a provider other than the surgeon or the anesthesia professional who provides anesthesia/analgesia for the procedure, there must be a compelling patient care reason for the involvement of the additional provider. The rationale for this approach must be clearly documented in the medical record.

Medical records must be available and submitted upon request.

Appendices

Utilization Guidelines It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

Capdevila, X., Pirat, P., Bringuier, S., Gaertner, E., Singelyn, F., Bernard, N., Choquet, O., Bouazia, H., & Bonnet, F. (2005). Continuous peripheral nerve blocks in hospital wards after orthopedic surgery: A Multicenter prospective analysis of the quality of postoperative analgesia and complications in 1, 416 patients. *Anesthesiology*.103: 5: 921-3.

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Advisory Committee Meeting Notes This Local Coverage Determination (LCD) does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this LCD was developed in cooperation with the advisory groups, which includes representatives from numerous societies.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period 10/01/2009

Revision History Number 1

Revision History Explanation Revision Number:1

Start Date of Comment Period:N/A
Start Date of Notice Period:10/01/2009
Revised Effective Date: 10/01/2009

LCR B2009-098
September 2009 Update

Explanation of Revision: Annual 2010 ICD-9-CM Update. Added diagnosis code range 209.70-209.79. The effective date of this revision is based on date of service.

Revision Number:Original
Start Date of Comment Period:N/A
Start Date of Notice Period:12/04/2008
Revised Effective Date:02/02/2009

LCR B2009-
December 2008 Bulletin

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier predecessors of First Coast Service Options, Inc. (Triple S and FCSO).

For Florida (00590) this LCD (L29258) replaces LCD L13845 as the policy in notice. This document (L29258) is effective on 02/02/2009.

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

Reason for Change ICD9 Addition/Deletion

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 09/25/2009 with effective dates 10/01/2009 - N/A

Updated on 11/30/2008 with effective dates 02/02/2009 - N/A

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