

Final Comments and Response

LCD Title

Nerve Blocks for Peripheral Neuropathy

Contractor's Determination Number

NEURO-011

LCD Database ID Number

L32565

Comment

We received several patient testimonials regarding electromagnetic therapy, electrical stimulation supported with the vasopneumatic devices and neuropathy treatment that was not further defined.

Response

Local Coverage Decisions must be based on the strongest scientific evidence available; we are unable to use patient testimonials as evidence for coverage.

Comment

We received several comments and concerns that there is a potential for restriction of injections of the occipital nerve, intercostal nerves or other medically necessary nerve injections.

Response

The intention of the LCD is to limit the use of nerve blocks or injections for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases, this LCD only includes the CPT code 64450, other peripheral nerve or branch and does not apply to nerve injections that have a specific code. For example 64420 intercostal nerve single, 64421 intercostal nerves multiple regional block, 64405 greater occipital nerve or any other specific nerve injection.

Comment

Several comments questioned the references used in the initial draft LCD.

Two articles were submitted several times by providers currently providing this treatment, in support of electric current and local anesthetic for treatment of pain in diabetic neuropathy.

Response,

At the time of writing the draft LCD we were unable to find any published literature to support the number of injections being used for the diagnosis codes that we were seeing on utilization data.

The literature that was submitted during the comment period was reviewed and it was not found sufficient to allow coverage of this method of treatment. The references were added to the Sources of Information and Basis for Decision section of the LCD.

Odell RH, Sorgnard R, New technique combines electrical and local anesthetic for pain management: *Practical Pain Management*; June 2011; online at <http://www.practicalpainmanagement.com/issue/1106>

Cernak C, Marriot E, et al. Electrical current and local anesthetic combination successfully treats pain associated with diabetic neuropathy: *Practical Pain Management*; April 2012 online at:

<http://www.practicalpainmanagement.com/issue/1203>

Comment

We received comments regarding a new study on the effect of CET on the nerve fibers. Practices are enrolled in the Pristine Registry and have begun to perform nerve biopsies pre and post Combination Electrical Therapy. The hope is to show the regeneration of nerve fibers post CET treatment. According to the one commenter “To date we have post CET biopsies on 9 patients and 6 of them show positive results.”

“I would ask that you extend the reimbursement of injections and CET for an additional 6 months so we can gather additional data and finish our study.”

Response

This request supports our decision that this is not considered standard therapy at this time.

Comment

One Commenter suggested removal of ICD-9 code 719.47, Pain in joint ankle and foot, because this is a code that could be used for a payable services such as nerve blocks to facilitate physical therapy.

Another commented: We all agree that nerve blocks are not appropriate for peripheral neuropathy. They are however sometimes appropriate for peripheral neuralgias. There are CPT codes for some but not all nerve blocks done for peripheral neuralgias. For example, there are specific codes available for trigeminal, occipital, suprascapular, intercostal, ilioinguinal, pudendal, sciatic and femoral nerves. However, some nerves that are commonly blocked do not have specific CPT codes including the lateral femoral cutaneous nerve (meralgia paresthetica) the genitofemoral nerve (groin and genital pain), and interdigital nerves (neuroma). We use the 64450 ‘other peripheral branch’ CPT code for these less common nerve blocks.

The LCD seems to state that CPT 64450 ‘other peripheral nerve’ will not be paid at all for any block. I agree this code should not be paid for ICD-9 diagnoses of peripheral neuropathy (249, 250, 356, 357) but it should continue to be paid for ICD-9 diagnoses of peripheral neuralgia (354, 355,729.2).

Response

The diagnosis codes in this LCD were chosen based on data showing overutilization. To allow reimbursement for medically necessary injections that were denied based on this LCD the following statements were added to the utilization guidelines section of the LCD:

Utilization Guidelines

Treatment protocols utilizing multiple injections per day on multiple days per week for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases are not considered medically necessary.

A peripheral nerve injection may be allowed during the reconsideration process if the medical record supports a medically necessary service.

Comment

One commenter expressed concerns that the policy would prevent payment for providers doing nerve blocks for peripheral neuralgia.

Response

See above response

Comment

One commenter has concerns that no codes were listed under ICD-9 Codes that Support Medical Necessity.

Response

This LCD is not intended to outline the medically necessary indications of all peripheral nerve injections, the intent is only to prevent the medically unnecessary, and unproven treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases.

Comment

One commenter had concerns that this LCD would prevent nerve blocks for post operative pain control.

Response

This is not the intention of this LCD. Using a diagnosis code for postoperative pain or another appropriate diagnosis code that is specific to the diagnosis would not result in a denial based on this LCD.

Comment

We received a request to limit the injections only to Pain Medicine specialists to decrease the possibility of over usage.

Response

This injection can be used by many different specialties (e.g. anesthesia) for many different medically necessary indications; we will not limit the code to any specialty.

Comment (phone)

One commenter pointed out that there are other Medicare Contractor LCDs that cover Peripheral nerve injections if there is documentation of continued improvement.

Response

This statement was found in another contractors LCD;

Usually, up to three injections or three sets of injections in any given 60-day period are sufficient for a course of treatment. If additional nerve blocks are given, then documentation supporting the necessity must be in the clinical record.

We do not agree that the above statement approves coverage for unproven treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases. The indications in the same LCD are;

Nerve blocks cause the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks by the injection of local anesthetic solutions. Somatic and sympathetic nerves may be injected.

They can be performed for several reasons:

- Diagnostic - to determine the source of pain e.g., to identify or pinpoint a nerve that acts

as a pathway for pain; to determine the type of nerve that conducts the pain; to distinguish between pain that is central (within the spinal cord) or peripheral (outside the spinal cord) in origin; or to determine whether a neurolytic block or surgical lysis of the nerve should be performed. The type of diagnostic test may include injecting saline to simulate pain, or injecting an anesthetic agent to evaluate the patient's response, as an initial diagnostic step so that other pain relief options may be considered.

- Therapeutic - to treat painful conditions that respond to nerve blocks (e.g., celiac block for pain of pancreatic cancer).

- Prognostic - to predict the outcome of long-lasting interventions (e.g., infusions, neurolysis, rhizotomy).

- Preemptive - to prevent pain following procedures.

It is inappropriate to bill the use of energy such as pulsed electricity introduced cutaneously from a generating device with these codes. These codes are specific for the injection/introduction of liquid anesthetic agents to specific sites.

We have found no other contractor knowingly allowing coverage of multiple nerve block protocols utilizing multiple injections per day on multiple days per week for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases.