

Comment and Response Neuro-008

Comment

Request was received for specific objective guidelines for each procedure including what is considered adequate pain relief and qualifies for additional injections, or doesn't qualify.

Response

The following definition was added: Significant pain relief is defined as greater than or equal to 80% initially with the ability to perform previously painful maneuvers.

Comment

A comparison spreadsheet was received for the coverage ICD-9 codes on Facet Injections. The ICD-9 codes given are those not listed by WPS, but listed by other carriers.

Response

No additional diagnosis codes will be added based on comparison to other carriers in the absence of supporting documentation or rationale for the additional ICD-9 codes.

Comment

The L5-S1 facet joint can be partially innervated by the S1 lateral branch. The L4 medial branch, L5 dorsal ramus and the S1 lateral branch off the S1 nerve root provides innervation to the L5-S1 facet and results in the need to block or ablate 3 branches for this one joint. If denervating 2 facet levels (L4-5 and L5-S1), it would therefore be necessary in this case to block or ablate 4 levels. These are the most commonly affected lumbar facets. If restricted to three levels for blocks and a series of two blocks prior to ablation, we may get an inappropriate number of false negatives during the diagnostic phase.

Response

The following definition was added: For the purpose of this LCD an anatomical region is defined as cervical/thoracic (64490, 64491, 64492) or lumbar/sacral (64493, 64494, 64495). A facet joint level refers to the facet joint or the nerves innervating that joint.

Comment

Several comments were received questioning the use of a neurolytic agent rather than radiofrequency ablation for denervation.

Response

The term neurolytic agent is included in the CPT description of the code for denervation and will remain in the LCD. Clarification was added that injection of phenol or alcohol or pulsed radiofrequency ablation of the facet joint is considered experimental or investigative.

Comment

One comment was received from a group of physicians opposed to the proposed non-coverage of facet therapies.

Response

WPS Medicare did not propose non-coverage for facet therapies.

Comment

On Page 2, third paragraph under "Facet joint blocks:" the word denervate should be replaced by "anesthetize".

Response

This change was made.

Comment

I would have the following comment about this second paragraph under utilization guidelines and that is that the wording of it is confusing. Let's say for instance on day 1, I do facet joint injections of the right L4-5 and L5-S1 facets. On day 15, I repeat a steroid injection at those same two levels. Does that count as four therapeutic injections under this or just two? In addition, I think if you are going to make the statement no more than four therapeutic injections...I think it has to have a time limit, such as in six months. Otherwise, it could be arbitrarily interpreted as meaning in a lifetime.

Response

The following clarification was added: In the treatment or therapeutic phase the intervention procedures should be repeated only as medically necessary. No more than four therapeutic injections per region per patient would be expected for the majority of patients **during a one year period**. No supporting evidence was submitted to support the medical necessity of a frequency of 15 days for therapeutic facet joint injections.

Comment

Restricting the use of any therapeutic venture to a "made-up" value is professionally unethical and scientifically unsound. If the patient is making good progress with a series of injections, why must we stop? Or if one of the injections for some reason do not cover the nerve root well, should the patient have to wait until the arbitrary time limitation is met?

Response

According to the recent Office Of Inspector General (OIG) report on Medicare Payments for Facet Joint Injection Services (OEI-05-07-00200). "Carriers rely on clinical standards in the medical community to support specific guidelines in LCDs. However, the medical community has not yet established a body of evidence-based medicine to support frequency standards for facet joint injections. In the absence of clear standards in the medical community, carriers must search for consensus among physicians who perform the services. Reaching consensus is often challenging given that many different provider specialties perform facet joint injections and have varying opinions about the appropriate frequency."

Comment

A facet denervation should theoretically offer relief over 6-9 months. But if the pain recurs earlier, why wait? We already have strong clinical indication that the denervation will be therapeutic.

Response

The following clarification was added under Facet Joint Denervation Limitations:

The effects of denervation should last from six months to one year or longer. In some instances the effects may be permanent. Repeat denervation procedures at the same joint/nerve level will only be considered medically necessary when the patient has had significant improvement of pain after the initial facet joint nerve destruction that lasted an appropriate period of time (greater than or equal to six months.)

Comment

On Page 7 of the policy under "Utilization Guidelines" regarding the first sentence: "The number of injections in the diagnostic phase should be limited to no more than two times, and should be limited to three levels whether unilateral or bilateral for each region on any given date of service." Studies have confirmed that more than one block is necessary to overcome the strong false positive nature of these diagnostic blocks. In addition, if one wants to isolate

the singular joint that is causing the pain, it is estimated that it will require at least 5 weekly medial branch blocks. Restricting these diagnostic blocks may well limit their usefulness.

Response

No supporting evidence was submitted, and none was found to support 5 weekly diagnostic injections.