

Local Coverage Determination (LCD) for Surgery: Continuous Peripheral Nerve Blocks (CPNB) (L31918)

Contractor Information

Contractor Name

Cahaba Government Benefit
Administrators®, LLC

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Contractor Number

10202

Contractor Type

MAC - Part B

LCD Information

Document Information**LCD ID Number**

L31918

Primary Geographic Jurisdiction

Georgia

LCD Title

Surgery: Continuous Peripheral Nerve Blocks (CPNB)

Oversight Region

Region IV

Contractor's Determination Number**Original Determination Effective Date**

For services performed on or after 08/01/2011

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Original Determination Ending Date**Revision Effective Date**

For services performed on or after 09/01/2011

Revision Ending Date**CMS National Coverage Policy**

- Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1861 (s)(2)(A) and (s)(2)(B). These sections describe coverage benefits for services and supplies 'incident to' professional services of the physician.
- 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 reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
- Title XVIII of the Social Security Act, Section 1862 (a)(7). This section excludes routine physical examinations and services.
- Medicare National Coverage Determinations (NCD) Manual (Pub. 100-03), Part 1, Sections 30.3, 30.3.1 and 30.3.2. Acupuncture is a non-covered service.
- Medicare Claims Processing Manual (Pub 100-04), Chapter 23, Section 20.9. Anesthesia is included in surgical procedures.
- Medicare Program Integrity Manual (Pub. 100-08), Chapter 7, Section 7.2.8.4. Acupuncture is a non-covered service.
- Medicare Program Integrity Manual (Pub. 100-08), Chapter 13. Local Coverage Determinations.

Indications and Limitations of Coverage and/or Medical Necessity

This LCD specifically addresses continuous paravertebral, interscalene, supraclavicular, infraclavicular, interscalene brachial plexus, axillary, femoral, lumbar plexus, sciatic, and popliteal (sciatic) nerve blocks.

Background: Out of necessity, multiple continuous peripheral nerve blocks (CPNB) were administered in Operation Iraqi Freedom in 2003. Real-time imaging (portable ultrasound) and peripheral nerve stimulation have revolutionized the practice of CPNB anesthesia by providing objective evidence of needle proximity to targeted nerves. In the majority of peripheral nerve blocks, stimulation of nerves at a current of 0.5 mA or less suggests accurate needle placement for injection of local anesthetic. Differential blockade to achieve pain and temperature block while minimizing motor block can be achieved by using levorotatory enantiomers of local anesthetics and delivering specific concentrations to the nerve. A variety of anesthesia textbooks publish maximum recommended dosages for local anesthetics in an attempt to prevent high dose injections leading to toxicity. Because local anesthetic toxicity is related more to intravascular injection than to total dose, some physicians have suggested maximum dose recommendations are irrelevant. It is reasonable to assume that intravascular injections will occur, and practitioners of regional anesthesia should select techniques designed to minimize their occurrence.

This LCD addresses the use of these blocks in the definition and treatment of pain and conditions primarily treated with nerve blockade, such as complex regional pain syndrome and certain hyperhidroses. Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain is chronic when it has been present, continuously or intermittently, despite therapy for three months or more. CPNB involves the percutaneous insertion of a catheter directly adjacent to a peripheral nerve. The catheter is then infused with local anesthetic resulting in potent, site-specific analgesia that lasts well beyond the normal duration of a single injection nerve block. Longer-lasting or permanent blockade may be induced with the injection of neurolytic agents and/or application of thermal (not pulsed) radiofrequency.

Prior to blockade, all patients with pain complaints require an evaluation that includes an assessment of the source of the pain and treatment of any underlying pathology. Evaluation must be documented in the patient's records. In addition, those patients who do not respond to injections or otherwise continue with persistent or poorly responsive pain should be referred for a multi-disciplinary comprehensive evaluation.

Indications

CPNB may be performed for several reasons and may be covered for the following purposes:

1. Therapeutic - to treat painful conditions or hyperhidroses that respond to nerve blocks
2. Prognostic - to predict the outcome of long-lasting interventions (e.g., neurolysis, rhizotomy).

Limitations

1. CPNB is a physician (or other qualified practitioner) service.
2. There is no coverage of CPNB services and supplies 'incident to' the professional services of a physician (or other qualified practitioner) in private practice.
3. CPNB should be performed with real-time ultrasound imaging and/or peripheral nerve stimulation to help prevent undesirable side effects such as muscle weakness.
4. In general, different types of nerve blocks should not be performed at the same setting as other blocks in the same body region.
5. Reimbursement for the control or management of pain in the immediate postoperative period is bundled into the payment for the procedure, surgical or anesthetic - regardless of the method by which the care provider, including the anesthesiologist, decides to manage pain. When not used as the primary mode of anesthesia, the medically reasonable and necessary placement of CPNB may be reimbursable. Examples:

- A. A continuous femoral nerve block placed to provide post-operative analgesia for an anterior cruciate ligament repair or a total knee replacement could be reported separately from the surgical anesthesia.
- B. For shoulder surgery performed under continuous interscalene brachial plexus block along with a general anesthetic as the primary anesthesia, the block would be separately reportable as long as it will be used for post-op pain control.
- C. A continuous brachial plexus block might also provide both the anesthesia and the postoperative pain control for an open reduction of a wrist fracture. Only the anesthesia code would be reported.

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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.

999x	Not Applicable
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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

64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
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)

ICD-9 Codes that Support Medical Necessity

The correct use of an ICD-9-CM code listed in the "ICD-9 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the 'Official ICD-9-CM Guidelines for Coding and Reporting' in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

The recommended ICD-9 codes applicable to the indications in the LCD are listed below. This list is not all inclusive.

053.0 - 053.14	HERPES ZOSTER WITH MENINGITIS - HERPES ZOSTER MYELITIS
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053.8	HERPES ZOSTER WITH UNSPECIFIED COMPLICATION
053.9	HERPES ZOSTER WITHOUT COMPLICATION
337.20 - 337.29	REFLEX SYMPATHETIC DYSTROPHY UNSPECIFIED - REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE
338.11 - 338.19	ACUTE PAIN DUE TO TRAUMA - OTHER ACUTE PAIN
338.21 - 338.3	CHRONIC PAIN DUE TO TRAUMA - NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)
350.1	TRIGEMINAL NEURALGIA
353.0 - 353.8	BRACHIAL PLEXUS LESIONS - OTHER NERVE ROOT AND PLEXUS DISORDERS
354.0 - 354.9	CARPAL TUNNEL SYNDROME - MONONEURITIS OF UPPER LIMB UNSPECIFIED
355.0 - 355.9	LESION OF SCIATIC NERVE - MONONEURITIS OF UNSPECIFIED SITE
443.0	RAYNAUD'S SYNDROME
705.21	PRIMARY FOCAL HYPERHIDROSIS
719.41	PAIN IN JOINT INVOLVING SHOULDER REGION
719.45	PAIN IN JOINT INVOLVING PELVIC REGION AND THIGH
719.46	PAIN IN JOINT INVOLVING LOWER LEG
720.2	SACROILIITIS NOT ELSEWHERE CLASSIFIED
722.80 - 722.83	POSTLAMINECTOMY SYNDROME OF UNSPECIFIED REGION - POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
723.1	CERVICALGIA
723.4	BRACHIAL NEURITIS OR RADICULITIS NOS
723.8	OTHER SYNDROMES AFFECTING CERVICAL REGION
724.03	SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION
724.1 - 724.4	PAIN IN THORACIC SPINE - THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.79	OTHER DISORDERS OF COCCYX
729.2	NEURALGIA NEURITIS AND RADICULITIS UNSPECIFIED
733.6	TIETZE'S DISEASE
780.1	HALLUCINATIONS
781.0	ABNORMAL INVOLUNTARY MOVEMENTS
784.92	JAW PAIN
786.52	PAINFUL RESPIRATION
789.09	ABDOMINAL PAIN OTHER SPECIFIED SITE
953.0 - 953.9	INJURY TO CERVICAL NERVE ROOT - INJURY TO UNSPECIFIED SITE OF NERVE ROOTS AND SPINAL PLEXUS
954.0 - 954.9	INJURY TO CERVICAL SYMPATHETIC NERVE EXCLUDING SHOULDER AND PELVIC GIRDLES - INJURY TO UNSPECIFIED NERVE OF TRUNK EXCLUDING SHOULDER AND PELVIC GIRDLES
955.0 - 955.9	INJURY TO AXILLARY NERVE - INJURY TO UNSPECIFIED NERVE OF SHOULDER GIRDLE AND UPPER LIMB
956.0 - 956.9	INJURY TO SCIATIC NERVE - INJURY TO UNSPECIFIED NERVE OF PELVIC GIRDLE AND LOWER LIMB
957.0 - 957.9	INJURY TO SUPERFICIAL NERVES OF HEAD AND NECK - INJURY TO NERVES UNSPECIFIED SITE
V58.42	AFTERCARE FOLLOWING SURGERY FOR NEOPLASM
V58.43	AFTERCARE FOLLOWING SURGERY FOR INJURY AND TRAUMA
V58.49	OTHER SPECIFIED AFTERCARE FOLLOWING SURGERY

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

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

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

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General Information**Documentations Requirements**

1. Documentation of the need for CPNB status should be included in the progress notes of each visit/session.
2. Medical record documentation must support:
 - A. The service was performed by a physician
 - B. Catheter placement was enhanced with use of imaging and/or nerve stimulation
 - C. The medical necessity of CPNB versus other modalities (single injection)
3. All 'Indications' must be clearly documented in the patient's medical record and made available to Medicare upon request.
4. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Appendices N/A**Utilization Guidelines** N/A**Sources of Information and Basis for Decision**

- Bergman, Bradley D., DO, et al. Neurologic Complications of 405 Consecutive Continuous Axillary Catheters. *Anesth Analg* 2003;96:247-52
- Buckenmaier, C. C. III, et al. Continuous peripheral nerve block in combat casualties receiving low-molecular weight heparin. *Br J Anaesth* 2006; 97: 874-7
- Capdevila, Xavier, M.D., et al. Infectious Risk of Continuous Peripheral Nerve Blocks. *Anesthesiology* 2009; 110:182-8
- Casati, Andrea, MD, et al. Using Stimulating Catheters for Continuous Sciatic Nerve Block Shortens Onset Time of Surgical Block and Minimizes Postoperative Consumption of Pain Medication After Halux Valgus Repair as Compared with Conventional Nonstimulating Catheters. *Anesth Analg* 2005;101:1192-7
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- Fowler, S. J., et al. Epidural analgesia compared with peripheral nerve blockade after major knee surgery: a systematic review and meta-analysis of randomized trials. *Br J Anaesth* 2008; 100: 154-64

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- Other Medicare Contractor’s Local Coverage Determinations
- Plunkett, A. R., et al. Supraclavicular continuous peripheral nerve block in awounded soldier: when ultrasound is the only option. *Br J Anaesth* 2006; 97: 715–17
- Richman, Jeffrey M., MD, et al. Does Continuous Peripheral Nerve Block Provide Superior Pain Control to Opioids? A Meta-Analysis. *Anesth Analg* 2006;102:248–57
- Swenson, Jeffrey D., MD, et al. Outpatient Management of Continuous Peripheral Nerve Catheters Placed Using Ultrasound Guidance: An Experience in 620 Patients. *Ambulatory Anesthesia* Vol. 103, No. 6, December 2006
- Wiegel, Martin, MD, et al. Complications and Adverse Effects Associated with Continuous Peripheral Nerve Blocks in Orthopedic Patients. *Anesth Analg* 2007;104:1578 –82
- Zaric, Dusanka, MD, PhD, et al. A Comparison of Epidural Analgesia With Combined Continuous Femoral-Sciatic Nerve Blocks After Total Knee Replacement. *Anesth Analg* 2006;102:1240–6
- Zink, Wolfgang, MD, DEAA, et al. The Long Term Myotoxic Effects of Bupivacaine and Ropivacaine After Continuous Peripheral Nerve Blocks. *Anesth Analg* 2005;101:548–54

Advisory Committee Meeting Notes Date of Open Meeting:

03/01/2011

Dates of Carrier Advisory Committee (CAC) Meetings:

03/01/2011 (Alabama)
 03/03/2011 (Tennessee)
 03/11/2011 (Georgia)

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 advisory groups, which include representatives from physician specialties; representatives from the Medical Associations for the above states; and other Association Representatives.

Start Date of Comment Period 02/28/2011

End Date of Comment Period 04/15/2011

Start Date of Notice Period 06/15/2011

Revision History Number 2

Revision History Explanation Revision 2

October 28, 2011:

Updated 'Documentation Requirements':

1. Modified verbiage to standardize LCDs.

2. The reference to the Medicare Program Integrity Manual (Pub. 100-08) was updated. (Change Request 6560).

No change in effective date or coverage.

NOTE: 10/13/2011 - MCD Article for LCD Comments attached to LCD.

Revision 1

Posted What's New Date: August 2011

Effective Date: September 1, 2011

This LCD is being updated. Limitation #5 is being clarified:

- The second sentence will be revised to read: When not used as *the primary mode of anesthesia*, the medically reasonable and necessary placement of CPNB may be reimbursable.
- Example 5.B will be revised to read: For shoulder surgery performed under continuous interscalene brachial plexus block along with a general anesthetic as *the primary anesthesia*, the block *would be* separately reportable *as long as it will be used for post-op pain control*.

What's New Posted Date: June 2011

Newsline Posted Date: June 2011

Notice Period: June 15, 2011 through July 31, 2011

Effective Date: August 1, 2011

This new LCD provides coverage guidance for continuous paravertebral, interscalene, supraclavicular, infraclavicular, interscalene brachial plexus, axillary, femoral, lumbar plexus, sciatic, and popliteal (sciatic) nerve blocks.

Reason for Change Other
Typographical Correction

Related Documents

Article(s)

[A51065 - LCD - MAC - Comment - Surgery: Continuous Peripheral Nerve Blocks \(CPNB\)](#)

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 10/28/2011 with effective dates 09/01/2011 - N/A

Updated on 10/13/2011 with effective dates 09/01/2011 - N/A

Updated on 08/19/2011 with effective dates 09/01/2011 - N/A

Updated on 07/19/2011 with effective dates 08/01/2011 - N/A

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