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Aimee Wilcox, CPMA, CCS-P, CST, MA, MT

On the topic:
Maximizing the Use of LCDs & NCDs
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MAXIMIZING THE USE OF NCDS AND LCDS

Aimee Wilcox, CPMA CCS-P, CMHP, CST MA, MT
Director Of Content
Find-a-code

MEDICARE COVERAGE

To be covered by Medicare, an item or service must be reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body part.
• National Medicare coverage policies
• Identifies items and services they will pay for (or not) and why
• Medicare only pays for items and services that are considered “reasonable and necessary” for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category)
• There are 346 current NCDs
• In the absence of an NCD, an item or service is covered based on the Medicare Administrative Contractor
• 6-9 month process from request to delivery (unless outside technology assessments are required)

WHAT TRIGGERS A NEW NCD?

• Stakeholder questions
• New evidence or re-interpretation of current evidence demonstrates needed change
• LCDs are inconsistent, conflicting, cause beneficiary problems
• LCDs are in agreement so possible decision to make LCD into NCD
• New technology
• Clinical advances
  • Benefit to patient
  • Cost to Medicare
• Financial impact on Medicare policies
• Questionable
  • Health benefits
  • Patient selection
  • Staffing needs
  • Facility requirements
346 NCDs

National Coverage Determinations

Click to view/hide add’l coding info...

<table>
<thead>
<tr>
<th>Document(s)</th>
<th>Description</th>
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<tbody>
<tr>
<td>10.1 - 10.6</td>
<td>10 : Anesthesia and Pain Management</td>
</tr>
<tr>
<td>20.1 - 20.34</td>
<td>20 : Cardiovascular System</td>
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<td>30.1 - 30.9</td>
<td>30 : Complementary and Alternative Medicine</td>
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<td>70.1 - 70.5</td>
<td>70 : Evaluation and Management of Patients - Office/hospital/home</td>
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10 : Anesthesia and Pain Management

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<tr>
<td>10.1</td>
<td>Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery</td>
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<tr>
<td>10.2</td>
<td>Transcutaneous Electrical Nerve Stimulation (TENS) for Acute Post-Operative Pain</td>
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<td>10.3</td>
<td>Inpatient Hospital Pain Rehabilitation Programs</td>
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<tr>
<td>10.4</td>
<td>Outpatient Hospital Pain Rehabilitation Programs</td>
</tr>
<tr>
<td>10.5</td>
<td>Autogenous Epidural Blood Graft</td>
</tr>
<tr>
<td>10.6</td>
<td>Anesthesia in Cardiac Pacemaker Surgery</td>
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NCD - National Coverage Determination

Autogenous Epidural Blood Graft (10.5)

- Publication/Manual Information
- Coverage Guidance
- Coding Information
- Revision History Information
- Other Versions
- Related Documents
- Related Codes
An LCD is a determination by a Medicare claims processing contractor that defines coverage for a particular service in the contractor’s jurisdiction.

- LCDs must be consistent with all statutes; rules; regulations; and national policies for coverage, payment, and coding.
- LCDs may address a specific clinical topic using procedure codes to define one or more treatments and using diagnostic codes to describe the clinical indications that would make the treatment(s) reasonable and necessary.
- The coverage policy created by an LCD is applicable only in states within a contractor’s jurisdiction.
• LCDs are often created from general coverage information presented in an NCD.

• LCDs may be created when an NCD does not exist to provide coverage guidance

• When neither an NCD nor an LCD exist for a procedure code, it is wise to obtain an ABN in case the service is denied.

• Not every CPT/HCPCS code has an LCD

HOW ARE LCDs DEVELOPED?

CMS’s Medicare Program Integrity Manual instructs MACs on how to develop LCDs

• PROCESS
  • Local stakeholder input
  • Notice and comment periods for new LCDs
  • State-based physician advisory committees to provide formal input
  • Each MAC has a medical director (physician) who helps develop and manage LCDs in the MAC’s specific jurisdiction

• CREATED when...
  • Requests are made from external parties (beneficiaries, providers, or manufacturers)
  • When the MAC determines an item/service should not be covered under certain circumstances
  • When a problem demonstrates a significant risk to the Medicare trust fund
  • When the contractor detects overutilization or misuse of items or services

• PUBLISHED
  • Publicly available in the Medicare Coverage Database
  • Find-A-Code and linked to the CPT, HCPCS, and/or ICD-9, ICD-10, PCS codes
NCDs are binding on all MACs
- MACs may expand LCD but it cannot be more restrictive than NCD
- If NCD identifies diagnosis codes that are covered, the LCD cannot state all others are not covered but should permit individual consideration of other dx as well
- CMS (the 731 Advisory Group) may review LCDs to determine if they should become an NCD
- An NCD takes precedence over any LCDs that may exist on the same clinical topic*

As of October 2011, more than half of the Part B procedure codes were subject to an LCD in one or more states.
- LCDs limited coverage for these procedure codes differently across states
- LCDs defined similar clinical topics inconsistently
- CMS has taken steps to increase consistency among LCDs but it lacks a plan to evaluate new LCDs for national coverage as called for by the MMA

OIG 2014 STUDY
- LCDs create inconsistency in Medicare Coverage

LOCATING LCDs

To see which individual codes are covered/not covered, review the sections below or check the "Cross-Code™" Section above.

View documents from:
- My carrier only
  - L33902 - Noridian Healthcare Solutions, LLC
- My state carriers
  - J7
- All carriers

<table>
<thead>
<tr>
<th>NCDs (5)</th>
<th>LCDs (56)</th>
<th>Articles (4)</th>
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<td>L32713 PARAVERTEBRAL FACET NERVE DENERVATION</td>
<td>Novitas Solutions, Inc.</td>
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<td>L36322 Pain Management</td>
<td>National Government Services, Inc.</td>
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<td>L33814 Destruction of Paravertebral Facet Joint Nerve(s)</td>
<td>First Coast Service Options, Inc.</td>
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<td>L34832 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</td>
<td>COA Administrators, LLC</td>
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<td>Pinnacle Business Solutions, Inc. - Louisiana</td>
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<td>L21934 PARAVERTEBRAL FACET NERVE DENERVATION</td>
<td>Pinnacle Business Solutions, Inc. - Arkansas</td>
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<td>L26093 Paravertebral Facet Joint/Nerve Denervation</td>
<td>Pinnacle Business Solutions, Inc. - Arkansas</td>
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<td>L26743 Pain Management - 45-1494A-8S</td>
<td>NHIC Corp.</td>
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<td>L28288 Paravertebral Facet Joint Block and Facet Joint Denervation</td>
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### Contractor Information

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<td>Virgin Islands</td>
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### LCD Information

### LCD Coverage Guidance

### Coding Information

### General Information

### Revision History Information

### Associated Documents

### Other Versions

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**Destruction of Paravertebral Facet Joint Nerve(s) (L33814)**

**Indications and Limitations of Coverage and/or Medical Necessity**

A paravertebral facet joint represents the articulation of the posterior elements of one vertebra with its neighboring vertebra. For the purposes of this Local Coverage Determination (LCD), the facet joint is noted at a specific level, by the vertebrae that form it (e.g., C4-5 or L2-3). There are two (2) facet joints at each level, left and right.

Facet joint pain is generally suspected in patients with cervical, thoracic and or lumbar pain that may or may not have a radicular component, when focal tenderness is present over the facet joint, and increased symptoms due to rotation or extension of the spine.

 Destruction of a paravertebral facet joint nerve(s) requires the use of fluoroscopic guidance to confirm the proper positioning of the needle or electrode at the level of the involved paravertebral facet joints. Destruction of the paravertebral facet joint nerve (s) can be achieved by means of thermal, electrical or radiofrequency (RF) applications. Facet joint nerve destruction is considered a definitive form of treatment for facet joint pain. Therefore, it would not be expected to see multiple repeat facet joint destruction procedures performed once all of the involved facet joints at that spinal level on either side have been denervated. However, the nerves do have the ability to regenerate. If pain recurs in the same distribution and nature, the procedure may be provided at the same anatomic site (side and spinal level) six months from prior treatment.

**Indications**
### Indications

The destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves will be considered to be medically reasonable and necessary as follows:

- The paravertebral facet joint(s) have been identified as the source of the patient's pain by undergoing a diagnostic paravertebral facet joint (median branch) block. Temporary or prolonged abolition of the pain suggests that the facet joint(s) are the source of the symptoms and appropriate for treatment; and
- The patient failed conservative treatment. Conservative treatment may include local heat, traction, nonsteroidal anti-inflammatory medications and anesthetic and
- The paravertebral facet joint(s) destruction is performed by appropriately trained providers.

The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/plm183c13.pdf) outlines that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel."

A qualified physician for this service/procedure is defined as follows: A) Physician is properly enrolled in Medicare. B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

### Limitations

The destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves will not be considered medically reasonable and necessary when:

- Performed without fluoroscopic guidance. A mandatory requirement of paravertebral facet joint (median branch) destruction is the use of fluoroscopic guidance to confirm the proper positioning of the needle electrode. Failure to use fluoroscopic guidance will result in the services receiving a denial; or
- The medical records do not support that the patient experienced temporary or prolonged abolition of the pain after a facet joint nerve block injection; or
- The medical records do not demonstrate that destruction was performed at the median branch of the spinal nerve innervating the facet joint.
### 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

**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

#### CPT/HCPCS Codes

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>64633</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint</td>
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<tr>
<td>64634</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)</td>
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<tr>
<td>64635</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint</td>
</tr>
<tr>
<td>64636</td>
<td>Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)</td>
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ICD-10-CM Codes

ICD-10-CM Codes that support Medical Necessity:

- M47.011 - M47.029
- M47.11 - Other spondylosis with myelopathy, occipito-atlanto-axial region
- M47.12 - Other spondylosis with myelopathy, cervical region
- M47.13 - Other spondylosis with myelopathy, cervicothoracic region
- M47.14 - Other spondylosis with myelopathy, thoracic region
- M47.16 - Other spondylosis with myelopathy, lumbar region
- M47.21 - M47.28
- M47.811 - M47.818
- M47.891 - M47.898
- M54.2 - Cervicalgia
- M54.30 - M54.32
- M54.5 - Low back pain
- M54.6 - Pain in thoracic spine
- M96.1 - Postlaminectiony syndrome, not elsewhere classified

ICD-10-CM Codes that DO NOT support Medical Necessity:

MD CDI & CODING
RF ABLATION –L33814 – DATE: 1/2019

- Cervical
  - 64633 first level
  - 64634 each additional
- Lumbar
  - 64635 first level
  - 64636 each additional

Example:
RF ablation of the bilateral L4-L5= 64635-50

- Bill using modifier 50 rather than RT/LT or Units
- Verify ICD10 approved codes
- Pulsed RF is 64999 and nonpayable
- Lidocaine incidental (bundled)
- Imaging bundled

- Documentation Must Include:
  - ID of paravertebral facet joints as source of pain as noted by results of pain relief from facet joint block
  - Failed conservative treatment: local heat, traction, NSAIDs, anesthetics
  - Fluoroscopic guidance used
  - Performed at median branch of spinal nerves

- Provider Requirements
  - Trained provider
  - Meet Pub 100-08 Qualified Personnel Requirements

- Utilization
  - No more than five (5) levels unilaterally or bilaterally on same DOS
  - Repeated only after six (6) months with documentation of successful pain relief
• Keep a file on the most common services and items reported
• Ensure it is part of the compliance package for your company
• Include training and education on the services for proper documentation, coding, and followup.

QUESTIONS & ANSWERS

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