Clinical Policy: Nerve Blocks for Pain Management

Reference Number: CP.MP.170 [Coding Implications](#Coding_Implications)

Last Review Date: 08/19

[Revision Log](#Revision_Log)

**See** [Important Reminder](#Important_Reminder) **at the end of this policy for important regulatory and legal information.**

# Description

Nerve blocks are the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks created by the injection of local anesthetic solutions. They can be used to identify the source of pain or to treat pain.

## Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that invasive pain management procedures performed by a physician are **medically necessary** when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance.*

**Table of Contents**

1. [Occipital Nerve Block 1](#_Toc522621289)
2. [Sympathetic Nerve Block. 2](#_Toc522621290)
3. [Celiac Plexus Nerve Block/Neurolysis 3](#_Toc522621291)
4. [Intercostal Nerve Block/Neurolysis 3](#_Toc522621292)
5. [Genicular Nerve Blocks and Genicular Nerve Radiofrequency Neurotomy 3](#_Toc522621293)
6. [Peripheral/Ganglion Nerve Blocks for the Treatment of Chronic Nonmalignant Pain 3](#_Toc522621294)

# Occipital Nerve Block

1. *An initial injection* of a local anesthetic for the diagnosis of suspected occipital neuralgia is **medically necessary** when all of the following are met:
2. Patient has unilateral or bilateral pain located in the distribution of the greater, lesser and/or third occipital nerves;
3. Pain has two of the following three characteristics:
   1. Recurring in paroxysmal attacks lasting from a few seconds to minutes;
   2. Severe intensity;
   3. Shooting, stabbing, or sharp in quality;
4. Pain is associated with both of the following:
5. Dysaesthesia and/or allodynia apparent during innocuous stimulation of the scalp and/or hair;
6. Tenderness over the affected nerve branches.
7. *Therapeutic* *occipital nerve blocks* are **medically necessary** when all of the following are met:
8. There was temporary relief from the initial/previous injection;
9. The member has failed 3 months of conservative treatment including all of the following:
10. Heat, rest and/or physical therapy, including massage;
11. NSAIDS, unless contraindicated or not tolerated;
12. Oral anticonvulsant medications (e.g., carbamazepine, gabapentin, pregabalin) or tricyclic antidepressants;
13. Activity modification to address triggers
14. No more than 4 injections are to be given within 12 months (includes diagnostic injection).
15. *Occipital nerve block* for the diagnosis or treatment of other types of headaches, including migraine and cervicogenic headaches, is considered **not medically necessary**.

# Sympathetic Nerve Blocks have limited evidence to prove effectiveness of treatment and consideration will be made on a case by case basis. The criteria below provides a basis for documenting patient-specific clinical information to help guide clinical decision making.

* + 1. *First or second sympathetic nerve block*:

1. Diagnosis of *complex regional pain syndrome* (CRPS) (also called reflex sympathetic dystrophy) and all of the following:
2. Pain is being managed by a pain management specialist with experience treating CRPS;
3. The member is in an active rehabilitation regimen;
4. Failed ≥ 3 weeks of conservative therapies such as activity modification, exercises, topical capsaicin cream, and oral medical management such as nonsteroidal anti-inflammatories, antidepressants, anticonvulsants and glucocorticoids;
5. Two or more of the following findings of the involved digit/extremity:
6. Hyperalgesia or allodynia (pain sensation in response to a typically non-painful stimulus);
7. Evidence of edema and/or sweating changes and/or sweating asymmetry;
8. Evidence of temperature asymmetry (>1°C) and/or skin color changes and/or asymmetry;
9. Evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin)
   * 1. *Additional sympathetic nerve blocks for CRPS* may be considered **medically necessary** when all of the following are met:
        1. Nerve blocks are given at least a week apart;
        2. There was an immediate positive response to the first or second nerve block (eg, improved temperature and decreased pain).
     2. *Additional sympathetic nerve blocks* without documented benefit from the first or second are **not medically necessary.**
     3. Sympathetic nerve blocks for any other indication, including ischemic limb pain, are **not medically necessary** as there is a lack of evidence to support effectiveness.

### Celiac Plexus Nerve Block/Neurolysis

1. *Celiac plexus nerve block/neurolysis* is **medically necessary** for chronic neuralgic pain secondary to pancreatic cancer when all of the following are met:
   * + 1. Diagnosis of pancreatic cancer with severe visceral abdominal/back pain;
       2. Strong analgesics such as opioids are no longer effective or their side effects decrease quality of life;
       3. No malignancy in an area of somatic innervation such as the peritoneum or diaphragm.
2. *Repeat celiac plexus nerve blocks or neurolysis* are not medically necessary as there is a lack of evidence to support effectiveness.

# Intercostal Nerve Block/Neurolysis

1. *Intercostal nerve block/neurolysis* is **medically necessary** for chronic neuralgic pain secondary to an injured intercostal nerve as a result of a rib fracture, a thoracotomy incision or chronic pain due to post herpetic neuralgia, or other neuropathic process when all of the following are met:
2. Suspected organic problem;
3. Non-responsiveness to conservative modalities of treatment;
4. Pain and disability of moderate to severe degree;
5. No evidence of contraindications such as infection or pain of predominately psychogenic origin.

# 

# Genicular Nerve Blocks and Genicular Nerve Radiofrequency Neurotomy

*Genicular nerve blocks* and *radiofrequency neurotomy of the articular nerve* are considered **not medically necessary** because effectiveness has not been established. There is insufficient evidence to determine safety and effectiveness.

# Peripheral/Ganglion Nerve Blocks for the Treatment of Chronic Nonmalignant Pain

*Peripheral/ganglion nerve blocks or neurolysis* for any condition not indicated elsewhere in this policy, are considered **experimental/investigational** as there is ongoing research but insufficient evidence to establish efficacy.

## Background

*Local Injections for Cervicogenic and Occipital Neuralgia*

Greater occipital nerve blocks have been advocated as a diagnostic test for cervicogenic headache and occipital neuralgia. The effectiveness of greater occipital nerve block in patients with primary headache syndromes is controversial. The International Headache Society (IHS) defines occipital neuralgia as unilateral or bilateral paroxysmal, shooting or stabbing pain in the posterior part of the scalp, in the distribution of the greater, lesser or third occipital nerves, sometimes accompanied by diminished sensation or dysaesthesia in the affected area and commonly associated with tenderness over the involved nerve(s).1 The IHS includes relief of pain following a local anesthetic block of the affected nerve as part of their diagnostic criteria for occipital neuralgia. Thus, the principal indication for occipital block is diagnosis. Another indication is the treatment of chronic occipital neuralgia, often with a series of therapeutic blocks combining local anesthetic and corticosteroid. Pain relief is typically prompt and may last several weeks or even months. At that time the injection may be repeated.

*Sympathetic Nerve Blocks*

Sympathetic nerves may be injected 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;
  + Therapeutic - to treat painful conditions that respond to nerve blocks (e.g., celiac block for pain of pancreatic cancer); and
  + Prognostic - to predict the outcome of long-lasting interventions (e.g., lumbar sympathectomy).

The response to sympathetic blockade is the best diagnostic test for CRPS. If the patient has had a technically successful sympathetic block and does not obtain significant relief, then the patient probably does not have CRPS. Over two thirds of patients will obtain significant relief with minimal effect on motor and sensory function because the sympathetic fibers are the least myelinated (as compared to motor and sensory nerve fibers) these fibers are the first to be affected by the local anesthetic.

A 2014 case report and literature review identified only five cases, and no Level I or II evidence-based trials to support the use of sympathetic nerve block for ischemic pain.16 The authors presented two cases of patients who experienced severe pain due to ischemia despite full regional nerve blocks.16 The available literature is not sufficient to support the use of sympathetic nerve blocks for ischemic limb pain.

*Celiac Plexus Nerve Block/Neurolysis*

Although its analgesic effectiveness is similar to analgesic drugs, celiac plexus neurolysis offers pain reduction without the significant adverse effects of opiates.2 A multidisciplinary, international guideline issued a strong recommendation based on moderate quality evidence for celiac plexus neurolysis as a treatment for pain associated with advanced pancreatic cancer.2 Furthermore, a 2011 Cochrane review stated that celiac plexus block (neurolysis) significantly reduced opiate use and lowered pain compared to the control group.3

The optimal timing of celiac plexus neurolysis for pain due to pancreatic cancer is not known.2 Advocates of an earlier approach argue that pain is more effectively addressed by neurolysis when treated earlier, and opiate-related side effects may also be reduced compared to later treatment. However, the effects of celiac plexus neurolysis diminish over time, which would leave a patient with fewer options as the cancer progresses and pain becomes more severe.Repeat celiac plexus neurolysis is effective only about 30% of the time and is not recommended.2, 17

*Intercostal Nerve Blocks*

Intermittent intercostal nerve blocks can be used to control pain in the chest and upper abdomen, such as pain associated with rib fractures or chronic pain due to post herpetic neuralgia. Intercostal nerve blocks can be performed using anatomic landmarks or with ultrasound guidance, which can be used to minimize the chance of intravascular injection and pneumothorax and to increase reliable dermatomal coverage.4, 8

For isolated injuries, such as single rib fracture, nonsteroidal anti-inflammatory drugs with or without opioids would be the initial treatment. For more severe injuries, particularly if ventilation is compromised, intercostal nerve blocks may be needed. For patients with multiple rib fractures, there is a need to perform the procedure at multiple intercostal levels. Repeated blockade may be needed for prolonged relief upon return of pain and/or deterioration in functional status. For repeat blocks or other interventions, patient must have been responsive to prior interventions with improvement in physical and functional status. 5, 8

Regional anesthesia plays an important role in thoracic surgery, particularly with regard to post-operative pain control. The first choice of regional anesthesia for thoracic surgery is epidural analgesia or thoracic paravertebral block. In general, the analgesic efficiencies of both these types of anesthesia are equivalent; however, thoracic paravertebral block has some advantages over epidural analgesia, including fewer complications. When these two blocks are contraindicated, intercostal nerve block or interpleural block should be considered. 6, 7

*Genicular Nerve Blocks and Radiofrequency Neurotomy*

The genicular nerve is a sensory nerve that surrounds the knee and provides innervation for the joint. Genicular nerve blocks and radiofrequency neurotomy are emerging interventions for knee pain. The limited evidence regarding genicular nerve blocks for determining appropriateness of treatment with genicular radiofrequency ablation has reached conflicting results. 9, 10

A few small studies suggest that genicular radiofrequency neurotomy may be effective for relief of pain, but further research is needed to establish safety and efficacy. 11-15

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019 American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**CPT Codes that support medical necessity**

| **CPT® Codes** | **Description** |
| --- | --- |
| 64405 | Injection, anesthetic agent; greater occipital nerve |
| 64420 | Injection, anesthetic agent; intercostal nerve, single |
| 64421 | Injection, anesthetic agent; intercostal nerves, multiple, regional block |
| 64510 | Injection, anesthetic agent; stellate ganglion (cervical sympathetic) |
| 64520 | Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic) |
| 64530 | Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring |
| 64620 | Destruction by neurolytic agent, intercostal nerve |
| 64680 | Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus |

**CPT Codes that DO NOT support medical necessity**

| **CPT® Codes** | **Description** |
| --- | --- |
| 64400 | Injection, anesthetic agent; trigeminal nerve, any division or branch |
| 64402 | Injection, anesthetic agent; facial nerve |
| 64408 | Injection, anesthetic agent; vagus nerve |
| 64410 | Injection, anesthetic agent; phrenic nerve |
| 64413 | Injection, anesthetic agent; cervical plexus |
| 64415 | Injection, anesthetic agent; brachial plexus, single |
| 64417 | Injection, anesthetic agent; axillary nerve |
| 64418 | Injection, anesthetic agent; suprascapular nerve |
| 64425 | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves |
| 64430 | Injection, anesthetic agent; pudendal nerve |
| 64435 | Injection, anesthetic agent; paracervical (uterine) nerve |
| 64445 | Injection, anesthetic agent; sciatic nerve, single |
| 64447 | Injection, anesthetic agent; femoral nerve, single |
| 64450 | Injection, anesthetic agent; other peripheral nerve or branch |
| 64505 | Injection, anesthetic agent; sphenopalatine ganglion |
| 64517 | Injection, anesthetic agent; superior hypogastric plexus |
| 64640 | Destruction by neurolytic agent; other peripheral nerve or branch |

| **HCPCS Codes** | **Description** |
| --- | --- |
| N/A |  |

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code requiring an additional character

| **ICD-10-CM Code** | **Description** |
| --- | --- |
| C25.0-C25.9 | Malignant neoplasm of pancreas |
| G44.85 | Primary stabbing headache |
| G50.0 | Trigeminal neuralgia |
| G50.1 | Atypical facial pain |
| G54.0-G54.9 | Nerve root and plexus disorders |
| G56.40-G56.43 | Causalgia of upper limb |
| G57.70-G57.73 | Causalgia of lower limb |
| G89.22 | Chronic post-thoracotomy pain |
| G89.4 | Chronic pain syndrome |
| G90.50-G90.59 | Complex regional pain syndrome I (CRPS I) |
| M54.81 | Occipital neuralgia |
| R07.81-R07.89 | Other chest pain |
| R10.10-R10.12 | Pain localized to upper abdomen |
| S22.41X+-S22.49X+ | Multiple fractures of rib |

| Reviews, Revisions, and Approvals | Date | Approval Date |
| --- | --- | --- |
| Policy split from CP.MP.118 Injections for Pain Management. Sympathetic nerve block for CRPS: reworded diagnostic criteria for CRPS, retaining clinical meaning; added requirement of positive response to first or second block if requesting additional; added that blocks should be at least one week apart. Expanded criteria for sympathetic nerve block for pancreatic cancer to include celiac plexus neurolysis and gave it its own section. Changed indication for ischemic leg pain from “limited evidence to support” to “not medically necessary.” Updated background. References reviewed and updated. Coding updated. | 08/18 | 08/18 |
| Annual review. References reviewed and updated (added International Headache Society and Practice Guidelines for Chronic Pain Management). Specialty review completed. Removed CPT 64508 as code was inactive 1/1/2019. Added CPT 64620 for intercostal neurolysis. Specified that the following codes DO NOT support medical necessity: 64400, 64402, 64408, 64410, 64413, 64415, 64417, 64418, 64425, 64430, 64435, 64445, 64447, 64450, 64505. | 08/19 | 08/19 |

### References

1. International Headache Society (IHS). IHS classification ICHD-3 beta: 13.4 occipital neuralgia. 2016b. Available at: https://www.ichd-3.org/13-painful-cranial-neuropathies-and-other-facial-pains/13-4-occipital-neuralgia/. Accessed July 19, 2019.
2. Drewes AM, Campbell CM, Ceyhan GO, et al. Pain in pancreatic ductal adenocarcinoma: A multidisciplinary, International guideline for optimized management. *Pancreatology.* 2018 Jun;18(4):446-457. doi: 10.1016/j.pan.2018.04.008.
3. Arcidiacono PG, Calori G, Carrara S, McNicol ED, Testoni PA. Celiac plexus block for pancreatic cancer pain in adults. *Cochrane Database Syst Rev.* 2011 Mar 16;(3):CD007519. doi: 10.1002/14651858.CD007519.pub2.
4. Bashir MM, Shahzad MA, Yousaf MN, et al. Comparison of postoperative pain relief by intercostal block between pre-rib harvest and post-rib harvest groups. *J College Physicians Surg Pak*. 2014 Jan:24(1):43-6. Doi:01.2014/JCPSP.4346.
5. Bulger EM. Inpatient Management of Traumatic Rib Fracture. UpToDate. Waltham, MA. August 15, 2016. Accessed July 19. 2019.
6. Hwang EG, Lee Y. Effectiveness of Intercostal Nerve Block for Management of Pain in Rib Fracture Patients. *Exerc Rehabil.* 2014 Aug 31; 10(4):241-4. DOI: 10.12965/jer.I40137.
7. Morimoto Y, Yamaguch NU. Regional anesthesia for thoracic surgery. Anesthesia pain and Intensive Care. 2010-2013.
8. Rice DC, Cata JP, Mena GE, et al. Posterior Intercostal Nerve Block with Liposomal Bupivacaine: An Alternative to Thoracic Epidural Analgesia. *Thorac Surg.* 2015;99(6):1953-6.
9. Hayes Search and Summary. Genicular Nerve Blocks for Knee Pain. May 28, 2015. Accessed August 29, 2016. Updated June 2017. Archived Jul. 16, 2018. Accessed July 19, 2019.
10. McCormick ZL, Reddy R, Korn M, et al. A Prospective Randomized Trial of Prognostic Genicular Nerve Blocks to Determine the Predictive Value for the Outcome of Cooled Radiofrequency Ablation for Chronic Knee Pain Due to Osteoarthritis. *Pain Med.* 2018 Aug 1;19(8):1628-1638. doi: 10.1093/pm/pnx286.
11. Kesikburun S, YaSar E, Uran A, Adiguzel E, Yimaz B. Ultrasound-guided genicular nerve pulsed radiofrequency treatment for painful knee osteoarthritis: A preliminary report*. Pain Physician* 2016; 19:E751-E759.
12. Qudsi-Sinclair S, Borrás-Rubio E, Abellan-Guillén JF, et al. A Comparison of Genicular Nerve Treatment Using Either Radiofrequency or Analgesic Block with Corticosteroid for Pain after a Total Knee Arthroplasty: A Double-Blind, Randomized Clinical Study. *Pain Pract.* 2017 Jun;17(5):578-588
13. Ahmed A, Arora D. Ultrasound-guided radiofrequency ablation of genicular nerves of knee for relief of intractable pain from knee osteoarthritis: a case series. *Br J Pain.* 2018 Aug;12(3):145-154. doi: 10.1177/2049463717730433. Epub 2017 Sep 19.
14. Kim DH, Choi SS, Yoon SH, et al. Ultrasound-Guided Genicular Nerve Block for Knee Osteoarthritis: A Double-Blind, Randomized Controlled Trial of Local Anesthetic Alone or in Combination with Corticosteroid. *Pain Physician.* 2018 Jan;21(1):41-52.
15. Choi WJ, Hwang SJ, Song JG, et al. Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial. Pain. 2011 Mar;152(3):481-7. doi: 10.1016/j.pain.2010.09.029. Epub 2010 Nov 4.
16. Kucera TJ, Boezaart AP. Regional anesthesia does not consistently block ischemic pain: two further cases and a review of the literature. *Pain Med.* 2014 Feb;15(2):316-9. doi: 10.1111/pme.12235. Epub 2013 Sep 18.
17. McGreevy, K., Hurley, R.W., Erdek, M.A., Aner, M.M., Li, S., and Cohen, S.P. The effectiveness of repeat celiac plexus neurolysis for pancreatic cancer: a pilot study. *Pain Pract.* 2013 Feb; 13: 89–95
18. Gonzalez Sotelo V, Maculée F, Minguell J, et al. Ultrasound-guided genicular nerve block for pain control after total knee replacement: Preliminary case series and technical note. *Rev Esp Anestesiol Reanim*. 2017 May 26
19. Garza I. Occipital neuralgia. UpToDate. Waltham, MA. August 2017. Accessed July 19, 2019.
20. Rosenblatt MA. Nerve Blocks of Scalp, Neck, and Trunk: Techniques. UpToDate. Waltham, MA. April 27, 2018. Accessed Aug 17, 2018. Updated June, 2019
21. Abdi S. Complex regional pain syndrome in adults: Pathogenesis, clinical manifestations and diagnosis. In: UptoDate, Shefner JM (Ed), UpToDate. Waltham, MA. Accessed July 19, 2019.
22. Abdi S. Complex regional pain syndrome in adults: Prevention and management. In: UptoDate, Shefner JM (Ed), UpToDate. Waltham, MA. Accessed July 19, 2019.
23. Fernandez-del Castillo C, Jimenez RE. Supportive care of the patient with locally advanced or metastatic exocrine pancreatic cancer. In: UpToDate, LaMont JT, Goldberg RM (Ed), UpToDate, Waltham, MA. Jul. 13, 2018. Accessed July 19, 2019.
24. Freedman SD. Treatment of chronic pancreatitis. In: UpToDate, Whitcomb DC (Ed), Waltham, MA. Oct. 24, 2016. Accessed July 19, 2019.
25. Hayes Medical Technology Directory. Local Injection Therapy for Cervicogenic Headache and Occipital Neuralgia. September 28, 2017. Accessed July 19, 2019.
26. Hayes Medical Technology Directory. Nerve Blocks for the Treatment of Chronic Nonmalignant Pain. September 22, 2011. Annual Review August 2, 2015. Accessed July 15, 2016. Archived Oct. 2016
27. Soloman M, Mekhail MN, Mekhail N. Radiofrequency treatment in chronic pain. *Expert Rev Neurother.* 2010;10(3):469-474. Accessed online at: [http://www.medscape.com/viewarticle/718292\_1](http://www.medscape.com/viewarticle/718292_1%20)
28. Portenoy RK. Cancer pain management: Interventional therapies. In: UpToDate. Abraham J, Fishman S (Eds.). Dec. 20, 2017. Accessed Aug. 20, 2018.
29. Lavu H, Lengel HB, Sell NM, et al. A prospective, randomized, double-blind, placebo controlled trial on the efficacy of ethanol celiac plexus neurolysis in patients with operable pancreatic and periampullary adenocarcinoma*. J Am Coll Surg*. 2015 Apr;220(4):497-508. doi: 10.1016/j.jamcollsurg.2014.12.013. Epub 2014 Dec 17.
30. Wyse JM, Carone M, Paquin SC, Usatii M, Sahai AV. Randomized, double-blind, controlled trial of early endoscopic ultrasound-guided celiac plexus neurolysis to prevent pain progression in patients with newly diagnosed, painful, inoperable pancreatic cancer. *J Clin Oncol.* 2011;29(26):3541. Epub 2011 Aug 15.
31. American Society of Anesthesiologists: Practice guidelines for chronic pain management. Anesthesiology 1997; 86:995–1004.
32. International Headache Society (IHS). IHS classification ICHD-3 beta: 13.4 occipital neuralgia. 2016b. Available at: <https://ichd-3.org/13-painful-cranial-neuropathies-and-other-facial-pains/13-4-occipital-neuralgia/>. Accessed July 19, 2019.
33. Practice Guidelines for Chronic Pain Management: An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine\*. *Anesthesiology* 2010;112(4):810-833. doi: 10.1097/ALN.0b013e3181c43103.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved.  All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law.  No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.