

Differences between Palmetto LCD and Cahaba LCD / Facet injections medial branch block

Topic	Palmetto	Cahaba
LCD Links	Click here for the Palmetto LCD	Click here for retired Cahaba LCD
Procedures	LCD includes Cervical, thoracic, and lumbar spine	LCD included Lumbar spine only
Diagnostic injections	Allowed only for medial branch nerve block technique	Allowed for both intra-articular and medial branch nerve block technique
Therapeutic injections	Allowed for both intra-articular and medial branch nerve block technique	Allowed only for medial branch nerve block technique
Documentation of pain	Pain is moderate to severe	Average pain level is greater than 6 on a numeric rating scale of 0-10
Positive diagnostic response	Significant pain relief at least 50% as evidenced by documented functional improvement, increased range of motion, a decreased requirement for pain medications, duration of relief is consistent with the agent employed.	Almost complete relief of pain and indicated by a post-procedure score of 3, ability to perform previously painful movements
Positive therapeutic response	Significant pain relief at least 50% as evidenced by functional improvement, increased range of motion, and decreased requirement for pain medications, that has lasted at least 3 months	Persistent relief of pain at least 50% for a minimum of six weeks + continued ability to perform previously painful maneuvers
Documentation of diagnostic vs therapeutic procedure	Not required to be documented in the procedure note	Must be documented in the procedure note
Permanently recorded image	In addition to fluoroscopic / CT guidance, permanently recorded images) which adequately document the needle position and contrast medium flow (excludes RF ablation and scenarios where contrast is contraindicated)	Fluoroscopic / CT guidance required, but permanently recorded image(s) not required.
Frequency	Maximum of 5 sessions per year including both lumbar IA and lumbar medial branch nerve block	1st year: Maximum of 6 lumbar sessions per year, specified as up to 2 diagnostic and 4 therapeutic 2nd year: up to 4 therapeutic facet injection sessions
Sedation	Conscious sedation / MAC not routinely medically necessary	Not mentioned in the policy
Steroid dose restriction	In total, no more than 100 mg of Kenalog or DepoMedrol, or 15 mg of betamethasone or dexamethasone or equivalents shall be injected during a single session	No steroid dose restrictions mentioned in the policy
Injectate volume: Diagnostic facet joint injection	Diagnostic facet joint injection not allowed by Palmetto	Anesthetic volume - Less than one ML for each joint
Injectate volume: Diagnostic medial branch nerve block	Anesthetic volume - limited to a maximum of 0.5 ML per medial branch nerve	Anesthetic volume - Less than one ML for each nerve
Injectate volume: Therapeutic facet joint injection	Total injectate volume, including contrast must not exceed 1 ML per cervical joint; must not exceed 2 ML per lumbar joint	Therapeutic facet joint injection not allowed by Cahaba.
Injectate volume: Therapeutic medial branch nerve block	Anesthetic volume - limited to a maximum of 2 ML per medial branch nerve	No volume limitations for therapeutic medial branch nerve block

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Radiofrequency ablation	Required documentation in the procedure note to include: electrode position, cannula size, lesion parameters, and electrical stimulation parameters and findings	No specific documentation requirements
Medically necessary diagnosis	Limited to a total of 10 diagnosis codes representing spondylosis without radiculopathy or myelopathy, other bursal cyst and muscle spasm of back.	The LCD stated there were numerous reasonable and necessary conditions that might warrant the use of these procedures, but which are too many to list. An "appropriate" diagnosis must be submitted.