


MEDICAL POLICY	Ganglion Impar Blocks (Medicare Only)
Effective Date: 11/1/2022	Medical Policy Number: 362
 11/1/2022	Medical Policy Committee Approved Date: 10/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Ganglion Impar Blocks</i>	Local Coverage Determination (LCD): Nerve Blockade for Treatment of Chronic Pain and Neuropathy (L35457) NOTE: According to the above LCD, the “ utility in the diagnosis and treatment of non-neuropathic pain and specific syndromes mediated by sympathetic nervous system overactivity has been established ” for nerve blocks. Therefore, unless specifically called out as a non-covered indication within the LCD, ganglion impar nerve blocks may also be considered medically necessary for Medicare plan members for pain-related conditions.

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BILLING GUIDELINES

General

See the associated local coverage article (LCA) for related billing and coding guidance, including a list of diagnoses codes to support medical necessity for nerve blockade procedures:

- LCA: Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy ([A52725](#))

According to the American Medical Association (AMA) *CPT Assistant*¹, unlisted code 64999 should be used for ganglion impar blocks. Other CPT codes for nervous system procedures, such as CPT codes 64520 and 64450, are considered inappropriate and should not be used.

CPT/HCPCS CODES

Medicare Only	
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then prior-authorization is required.	
64999	Unlisted procedure, nervous system

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously

considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. American Medical Association. *CPT Assistant*. Issue: September 2007; Volume 17: Issue 9. Coding Communication:Surgery: Nervous System. 2007