Summary of meeting with NGS

5/22/23

Topic: LCD clarification

Greetings. Met with several representatives from NGS (CMS administrator for our region) yesterday afternoon. I was joined by Drs. Kalia (Rochester) and Chapman (Staten Island). NGS had several representatives present including Medical Director - Dr. Marc Duerden. Purpose was to clarify certain ambiguities within the new LCDs. The following bullets were addressed:

1. **Where must documentation of medical necessity occur when performing a procedure? LCD states must be on procedure record.**

   Answer: Medical necessity does NOT need to be on procedure record. The "totality of the medical record" will be reviewed in the case of an audit, including office notes. INDICATIONS should be on procedure record. For example: "HNP L45 left with left leg pain L5 distribution increased w sitting" as justification for epidural block. A sentence is all that is necessary and it MUST BE LEGIBLE if handwritten. Lack of appropriate documentation could hurt us. Appropriate documentation is protective.

2. **What is the rationale for pre and post pain scores immediately before and after an epidural block? We made it quite clear that a therapeutic interlaminar block with saline/corticosteroid will NEVER result in immediate post procedural relief.**

   Answer: They understand this and this policy was put forth since there are such widely disparate procedural techniques utilized around the country. A simple documentation bullet placed near pain score on procedural note could state that "pain not expected to improve immediately post block". This would suffice. We went around and around on this one. We were incredulous that such documentation would be necessary for ANY therapeutic block. Understood for diagnostic blocks. If audited we could state this. However, to be safe, best to just state the above on procedural record.

3. **What exactly does "days after" mean when documenting pain scores after SI joint injection? In our practice we have moved to 2% lidocaine for diagnostic SI injections which would most assuredly dissipate by the next day. We started with this protocol because of this LCD and difficulty of tracking daily scores when steroid is used (duration of action unknown).**

Answer: The "totality of the medical record" was once again mentioned. This implies that the record from the ASC/procedural unit counts as being part of the medical record. It was suggested that post procedural phone calls the next day would suffice. The person placing the post op phone call can ask for a pain score the day after and enter into record. That should suffice. Does not need to be on procedural record itself. Local anesthetic block not expected to last greater than 1/2 day. Do NOT rely on history from patient at post block appointment. CMS is looking for patient reported subjective pain score in days following, not a history obtained later. Be careful here.

4. **Facet LCD states a therapeutic facet block can only be considered if patient is not a candidate for a radiofrequency denervation. Does this apply to patients that get a prolonged response to a block with corticosteroid or to a person who has failed an RFA but has prolonged response to block with corticosteroid?**

   Answer: Yes. Medicare is interested in the "longest relief with the least amount of injections". Documentation in the above scenarios would allow therapeutic facet blocks.

5. **We asked for guidance on Medicare approved category 1 codes without an LCD or NCD (Interspinous spacer, BVN ablation, PNS, Post fusion, etc).**

   Answer: In the absence of an LCD Medicare will allow if the procedure is "reasonable" based on adequate documentation of medical necessity. Templates would satisfy this. The companies can furnish these. Please be sure to include these in your discussion.

I believe the discussion went well. I encouraged future dialogue when confusion arises and they were very receptive. Director forwarding me his email to contact him personally with questions.