

Medicare Coverage of Peripheral Nerve Procedures for Chronic Pain

The Issue

Five Medicare Administrative Contractors (MACs) have finalized new Local Coverage Determinations (LCDs) governing peripheral nerve procedures for chronic pain. Four take effect October 25, 2026; Noridian's policy (L40265) takes effect November 1, 2026.¹

Although the final policies improve on portions of the proposals, access and implementation concerns remain, particularly regarding the payment pathway for diagnostic nerve blocks (CPT 64450), genicular nerve blocks, and restrictions affecting other peripheral nerves.² These restrictions could prevent appropriate patients from receiving necessary diagnostic blocks, delaying or eliminating access to subsequent treatments and leaving patients with persistent pain, impaired function, and limited therapeutic options, which may lead to more costly interventions.

1. Diagnostic Peripheral Nerve Blocks: CPT 64450

The LCD recognizes that a diagnostic peripheral nerve block may be needed to establish a diagnosis or help determine whether a patient should proceed with surgery or another procedure. However, the companion billing article creates uncertainty about how physicians can bill CPT 64450 for that legitimate diagnostic purpose.³

Why this matters: CPT 64450 is used for injections of peripheral nerves that do not have a more specific code. The billing article lists 64450 as non-covered for pain management but does not clearly establish a code-specific exception for a medically necessary diagnostic block. This creates a risk that a diagnostic service the LCD says was not intended to be restricted may nevertheless be denied.³

2. Genicular Nerve Procedures for Chronic Knee Pain

The covered pathway requires radiographic Kellgren-Lawrence grade 3-4 osteoarthritis and includes language that appears to link a positive diagnostic block to relief lasting three months.²

Clinical concern: A diagnostic block is intended to provide short-term information about whether the targeted nerves contribute to pain. Physicians have asked the MACs to clarify how the three-month requirement applies to low-volume diagnostic injections, particularly when the policy does not cover therapeutic genicular injections. They have also raised concerns about the grading threshold (which has no established basis in the literature) and exclusion of genicular radiofrequency ablation or nerve blocks for chronic pain after total knee replacement.²

3. Restrictions and Ambiguities Affecting Other Peripheral Nerves

The policies also impose procedure-specific coverage and frequency rules for pudendal, occipital, trigeminal, suprascapular, intercostal, and other peripheral nerves. Questions remain about repeat treatment, counting of diagnostic versus therapeutic injections, and access to diagnostic blocks used before peripheral nerve stimulation, nerve decompression, or other procedures. For pudendal blocks, for example, the LCD permits one diagnostic block with a narrow exception for a second, while the billing instructions may not clearly preserve that exception.²

Why It Matters to Patients

Peripheral nerve procedures can help identify the source of chronic pain and, in selected patients, provide targeted treatment without immediately escalating to medications, surgery, or more invasive procedures. IPSIS is concerned that unclear billing rules and restrictive criteria could limit clinically appropriate diagnostic evaluation and treatment, particularly for Medicare beneficiaries with complex histories who require individualized care. Where evidence is limited or indirect, uncertainty should not automatically be treated as evidence that a procedure has no clinical benefit.



This Is Not a New Issue

Concern predates the final LCDs. In 2025, the AMA House of Delegates adopted Resolution 830 directing advocacy for withdrawal of the draft LCDs and preservation of peripheral nerve blockade coverage.⁴ The AMA then urged CMS to rescind or postpone the proposals.⁵ In March 2026, Members of Congress also urged CMS to withdraw the five proposed LCDs, citing concerns about beneficiary access to non-opioid pain treatments.⁶ The final policies changed in some respects, but significant concerns remain as they move toward implementation.

What IPSIS Wants Congressional Staff to Know

IPSIS is reviewing the final LCDs and is seeking clarification from the Medicare contractors. **IPSIS is not requesting a specific congressional action at this time.** Physicians are updating congressional offices on an issue Congress has previously raised with CMS and its potential implications for Medicare patient access. IPSIS may return to Congress as implementation proceeds.

Sources

1. CMS Medicare Coverage Database and MAC notices for final Peripheral Nerve Injections and Procedures for Chronic Pain LCDs; effective Oct. 25, 2026; Noridian L40265 effective Nov. 1, 2026.
2. CMS LCD L40267; Billing and Coding Article A60302; Response to Comments A60512.
3. NGS/Wellpoint Federal L40267, A60302, and A60512 (including response 19), addressing diagnostic blocks and CPT 64450.
4. AMA House of Delegates, Resolution 830, "Preserve Coverage for Peripheral Nerve Blockade in Chronic Pain," adopted 2025 Interim Meeting.
5. AMA letter to CMS, "Proposed Local Coverage Determination – Peripheral Nerve Blocks and Procedures for Chronic Pain," Dec. 4, 2025.
6. Letter from Members of Congress to CMS regarding proposed Peripheral Nerve Blocks and Procedures for Chronic Pain LCDs, Mar. 16, 2026.

