

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090
Last Review Date: 02/13/2020
Effective Date: 01/01/2020

Policy

Evolent Health considers **Nerve Block, Paravertebral, Facet Joint, and SI Injections** medically necessary for the following indications:

Paravertebral facet and Sacroiliac joint injections require all of the following:

1. Chronic pain symptoms persisting for three months or longer with no improvement using more conservative treatments such as physical therapy and/or analgesics.
2. Documentation of chronic pain including physician evaluations, diagnostic test results, medical imaging reports, treatments attempted, treatment duration, and treatment response.
3. Performance under fluoroscopy or Computed Tomography (CT) guidance to assure accurate placement of the needle in or medial to the joint. (For imaging guidance, fluoroscopy is preferred over CT scanning due to the concerns regarding radiation.)

NOTE: The advisability of paravertebral facet and SI joint injections should be evaluated on a case by case basis weighing the risks to the patient versus possible benefits of the procedure.

Peripheral Nerve Blocks are indicated for any of the following conditions (a) if other conservative treatment has failed or (b) as part of an overall treatment plan (e.g., as an adjunct therapy to systemic agents):

1. Morton's neuroma
2. Carpal tunnel syndrome
3. Heuter's neuroma,
4. Iselin's neuroma,
5. Hauser's neuroma
6. Tarsal tunnel syndrome

NOTE: Injections for plantar fasciitis or calcaneal spurs are not addressed by this policy.

Limitations

- Facet joint injections for the treatment of acute back pain are considered experimental and are therefore not covered.
- Sacroiliac joint/nerve denervation procedures are considered investigational and not medically necessary

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090

Last Review Date: 02/13/2020

Effective Date: 01/01/2020

- Once a diagnostic paravertebral block is negative at a specific level, repeat interventions directed at that level will not be covered unless there is a new clinical presentation with symptoms and diagnostic studies of known reliability and validity that implicate that level.
- Coverage for therapeutic paravertebral nerve blocks exceeding four injections on the same day will be denied as not medically necessary.
- Coverage for facet joint blocks administered more frequently than four injections/spinal level/side per year will be denied as not medically necessary.
- Coverage for repeat therapeutic paravertebral facet joint blocks at the same level in the absence of a prior response demonstrating greater than 50% relief (demonstrated by documented evidence on valid pain scales) lasting at least six weeks will be denied as not medically necessary.
- If medical record documentation demonstrates that the SI injections were not effective after three injections, coverage for additional injections will be denied as not medically necessary.
- Signs and symptoms that justify peripheral nerve blocks should be resolved after one to three injections at a specific site. Coverage for injections beyond three in a six month period will be denied.
- Peripheral nerve injections at two sites during one treatment session or for frequent repeated injections are not covered unless medical necessity is demonstrated through documentation by treating physician and will be considered on case by case basis.
- Coverage of “dry needling” of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins or insertions will be denied as not medically necessary.
- Coverage of acupuncture with or without subsequent electrical stimulation (when performed as an adjunct with peripheral nerve blocks), prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents will be denied as not medically necessary.

Background

Paravertebral facet joint block is used to both diagnose and treat lumbar zygapophysial (facet joint) pain. Facet joint pain syndrome is a challenging diagnosis as there are no specific history, physical examination or radiological imaging findings that point exclusively to the diagnosis. However, this diagnosis is considered if the patient describes nonspecific, achy, low back pain that is located deep in the paravertebral area. A detailed physical examination of the spine should be performed on all patients. Radiological imaging is often done as part of the workup of persistent chronic back pain to exclude other diagnoses.

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090
 Last Review Date: 02/13/2020
 Effective Date: 01/01/2020

Diagnostic blocks are used to assess the relative contribution of sympathetic and somatosensory nerves in relation to the pain syndrome and to localize the nerve(s) responsible for the pain or neuromuscular dysfunction, particularly when multiple sources of pain are potentially present. Imaging guidance must be used for both diagnostic and therapeutic injections to assure that the injection is properly placed.

The Centers for Medicare and Medicaid Services (CMS) define the sacroiliac (SI) joint is formed by the articular surfaces of the sacrum and iliac bones. The SI joints bear the weight of the trunk and as a result are subject to the development of strain and/or pain. Low back pain of SI joint origin is a difficult clinical diagnosis and often one of exclusion. Injection of local anesthetic or contrast material is a useful diagnostic test to determine if the SI joint is the pain source. If the cause of pain in the lower back has been determined to be the SI joint, one of the options of treatment is injecting steroids and/or anesthetic agent(s) into the joint. Therapeutic injections of the SI joint would not likely be performed unless other noninvasive treatments have failed.

Image guidance is crucial to identify the optimal site for access to the joint. Fluoroscopy is often the imaging method of choice. Once the specific anatomy is identified, the needle tip is placed in the caudal aspect of the joint and contrast material is injected. Contrast fills the joint, confirming accurate placement of the needle into the joint.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT/ HCPCS Codes	
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid) carpal tunnel
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed (for physician billing)
28899	Unlisted procedure foot or toes, (to be used for tarsal tunnel injections)
64450	Injection, anesthetic agent; other peripheral nerve or branch
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090
 Last Review Date: 02/13/2020
 Effective Date: 01/01/2020

64455	Injection(s), anesthetic agent and/or steroid, plantar common digit nerve(s) (eg, Morton's neuroma)
64461	Paravertebral Block (PVB), thoracic, single injection, includes imaging guidance when performed
64462	Second and any additional injection sites, can only be reported once per day, includes imaging guidance when performed
64463	Continuous infusion by catheter, includes imaging guidance when performed
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), second level (List separately in addition to code for primary procedure)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (list separately in addition to code for primary procedure)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (<i>for facility billing</i>)

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090
Last Review Date: 02/13/2020
Effective Date: 01/01/2020

References

1. Centers for Medicare and Medicaid Services (CMS). (Contractor: Novitas Solutions, Inc.): Local Coverage Determination (LCD) No. L34892. Transforaminal Epidural, Paravertebral Facet, and Sacroiliac Joint Injections. Revision Effective Date:
 2. 11/21/2019
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34892&ver=91&Date=&DocID=L34892&bc=hAAAAAgAAAAA&>
 3. Centers for Medicare and Medicaid Services (CMS). Technology Assessment: Pain Management Injection Therapies for Low Back Pain. March 20, 2015.
<https://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/id98TA.pdf>
 4. 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.
<http://www.asahq.org/~media/sites/asahq/files/public/resources/standards-guidelines/practice-guidelines-for-chronic-pain-management.pdf>
 5. Hayes Health Technology Brief. Sacroiliac Joint Injections with Corticosteroids for Treatment of Chronic Low Back Pain. Annual review July 24, 2015.
 6. Hayes Medical Technology Directory. Nerve Blocks for the Treatment of Chronic Nonmalignant Pain. Annual Review August 2, 2015. Archived January 22, 2019.
 7. Hayes Medical Technology Directory. Facet Blocks for Chronic Back Pain. Annual review October 6, 2010. Archived November 2, 2011.
 8. Manchikanti L, Abdi S, Atluri S, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Pain Physician 2013 Apr;16(2 Suppl):S49-283.
<http://www.painphysicianjournal.com/2013/april/2013;16;S49-S283.pdf>
 9. Manchikanti L, Falco FJE, Singh V, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part I: introduction and general considerations. Pain Physician. 2013 Apr;16(2 Suppl):S1-48. <http://www.painphysicianjournal.com/2013/april/2013;16;S1-S48.pdf>
 10. Manchikanti L, Falco FJE, Singh V, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: introduction and general considerations. Pain Physician. 2013 Apr;16(2 Suppl):S49-283. <https://www.painphysicianjournal.com/linkout?issn=1533-3159&vol=16&page=S49>

Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: MP-090
Last Review Date: 02/13/2020
Effective Date: 01/01/2020

11. National Institute for Health and Clinical Excellence (NICE). Clinical Guideline (CG). Low back pain and sciatica in over 16s: assessment and management. . NG59. Issued: November 2016. <https://www.nice.org.uk/guidance/NG59>

Disclaimer:

Evolent Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Evolent Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Evolent Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.