

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.090.MH
Last Review Date: 05/09/2019
Effective Date: 07/01/2019

MP.090.MH – Nerve Block, Paravertebral, Facet Joint, and SI Injections

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar 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.

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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
- 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

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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.

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

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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)

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G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (<i>for facility billing</i>)
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Variations

For Medicare Members in Maryland:

For performance of paravertebral facet joint injections, pain must have been present for greater than 3 months. A detailed pain history is essential and must provide information about prior treatments and responses which may include, but not be limited to, analgesics and physical therapy.

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.

Sacroiliac Injections

Similarly, injections of the sacroiliac joint may be used to diagnose the cause of or to treat low back pain.

- Diagnostic injections – either an anesthetic is injected for immediate pain relief or contrast media is injected into the joint for evaluation of the integrity (or lack thereof) of the articular cartilage and morphologic features of the joint space and capsule.
- Therapeutic injections – a steroid and/or anesthetic is injected into the SI joint for immediate and potentially lasting pain relief.

General Information

The decision to treat chronic pain by invasive procedures must be based on a systematic assessment of the location, intensity and pathophysiology of the pain. Each injection must be individually evaluated for clinical efficacy.

Transforaminal epidural injections, paravertebral facet injections or sacroiliac joint injections, whether diagnostic or therapeutic, must be in keeping with the most current

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evidence-based practice guidelines.

Provision of a transforaminal epidural injection (64479, 64480, 64483, 64484) and/or paravertebral facet joint injection (64490, 64491, 64492, 64493, 64494, 64495) **on the same day** as an interlaminar or caudal (lumbar, sacral) epidural (62311)/intrathecal injection sacroiliac joint injection (27096), lumbar sympathetic block (64520) or other nerve block is considered to be not medically reasonable and necessary. If more than one procedure is provided on the same day, physicians and/or facilities must bill for only one procedure.

Diagnostic blocks for all of these procedures are usually administered in two sessions, one to two weeks apart. During the first session, usually a short-acting anesthetic is used and during the second session, a long-acting anesthetic may be used. The patient then records his/her response to pain.

Therapeutic blocks are performed after the diagnosis is established. These blocks typically include the use of anesthetic, corticosteroid substances or both for long-term control of pain.

A series of injections may be medically necessary to establish consistency of results, particularly if diagnostic blocks are to be followed by neurolysis. If successful, it is reasonable to repeat this series for a relapse. However, long term multiple nerve blocks over a period of several weeks or months is not an effective method of chronic pain management, therefore; it is not generally considered reasonable and necessary to perform transforaminal epidural or paravertebral facet joint nerve blocks more than (4) injections per region, per year. It will not be considered medically necessary to perform more than four SI joint injections per region per year.

Therapeutic transforaminal epidural or paravertebral facet joint nerve blocks exceeding two levels (bilaterally) on the same day will be denied as medically unnecessary. The billing of CPT codes 64492 and 64495, if billed bilaterally, will be considered medically unnecessary. A maximum of three levels PER REGION may be considered for reimbursement when either of the above blocks is performed and billed unilaterally. (indicated with an LT or RT modifier)

Anesthesia

General anesthesia or monitored anesthesia care (MAC) is rarely, if ever, required for these injections. Standard medical practice utilizes local anesthesia or conscious sedation.

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Peripheral nerve blocks

Peripheral nerve blocks involve the injection of chemical substances, such as local anesthetics, steroids, sclerosing agents and/or neurolytic agents into or near nerves to affect therapy for a pathological condition, such as entrapment, or to provide a local anesthetic block prior to a surgical procedure at a distal site. (e.g., digital block for surgical repair).

Note: the term "Morton's neuroma" is used in this document generically to refer to a swollen inflamed nerve in the ball of the foot, including the more specific conditions of Morton's neuroma (lesion within the third intermetatarsal space), Heuter's neuroma (first intermetatarsal space), Hauser's neuroma (second intermetatarsal space) and Iselin's neuroma (fourth intermetatarsal space). This policy applies to each.

Injection of a carpal tunnel may be indicated for the patient with carpal tunnel syndrome if oral agents and orthoses have failed or are contraindicated, or as adjunctive therapy to systemic agents for an inflammatory arthritis when those agents have not yet become effective and the patient experiences a relative entrapment syndrome manifested by moderate to severe pain.

Injection of a tarsal tunnel is indicated for the patient with tarsal tunnel syndrome if oral agents have failed or are contraindicated, or as adjunctive therapy to systemic agents for an inflammatory arthritis when those agents have not yet become effective and the patient experiences a relative entrapment syndrome manifested by moderate to severe pain.

Injection into neuromas may be indicated to relieve pain or dysfunction resulting from inflammation or other pathological changes. Proper use of this modality with local anesthetics and/or steroids should be short-term, as part of an overall management plan including diagnostic evaluation, in order to clearly identify and properly treat the primary cause.

The signs or symptoms that justify peripheral nerve blocks should be resolved after one to three injections at a specific site. Injections beyond three in a six month period will be denied.

Medical necessity for injections of more than two sites at one session or for frequent or repeated injections is questionable.

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"Dry needling" of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins/insertions are non-covered procedures.

Acupuncture is not to be billed with the CPT codes in this policy. It is non-covered with or without subsequent electrical stimulation

More than 3 injections per anatomic site in a six month period will be denied.

More than two anatomic sites injected at any one session will be denied.

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