I. POLICY

It is the policy of MedStar Health, Inc to cover Paravertebral Facet Joint Nerve Blocks, Sacroiliac Joint Injections and Peripheral Nerve Blocks when they are medically necessary for Pain Management (Refer to CRM .015.MH - Medical Necessity policy) as detailed in this policy and covered under the member’s specific benefit plan.

II. DEFINITIONS

Chronic pain: Defined as continuous or intermittent pain lasting three months or longer that has been unresponsive to conservative measures.

Diagnostic Injection/Block: An injection used (a) to assess the relative contribution of sympathetic and somatosensory nerves in relation to a pain syndrome and/or (b) to localize the anatomical source(s) of the pain.

Therapeutic Injection/Block: An injection of steroid and/or anesthetic into the spinal/peripheral joint for immediate and potentially lasting pain relief.

III. PURPOSE

The purpose of this policy is to define the indications for coverage of paravertebral facet joint nerve blocks, sacroiliac joint injections and peripheral nerve blocks for pain management.

IV. SCOPE
This policy applies to various MedStar Health, Inc. Departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description / Background

Facet joints are thought to be a common source of chronic back pain. Injections into these joints have been used to help determine whether the facet joint is the source of pain and/or to treat the pain. Also, pain arising from the sacroiliac (SI) joint may mimic pain originating from the lumbar disc, lumbar facet or hip joints. The anesthetic agents used in both paravertebral facet joint nerve blocks and SI injections are believed to break the cycle of pain while corticosteroids reduce inflammation.

Paravertebral facet joint blocks
Facet joints are located in the posterior compartment of the spinal column. Symptoms of spinal pain require a detailed history, physical examination, and radiologic imaging which may still not provide a specific diagnosis for the pain. When the patient presents with chronic spinal pain lacking a strong radicular component, accompanied by no neurologic deficits, and aggravated by hyperextension or rotation of the spine, a facet joint block may be performed to determine the origin of the pain. A long acting local anesthetic or corticosteroid agent is injected to temporarily denervate the facet joint.

For Diagnostic blocks - after a satisfactory block has been obtained, the patient is asked to engage in the activities that aggravate his/her pain and to record impressions of the effect of the procedure four to eight hours after the injection. Temporary or prolonged relief of the pain suggests that the facet joints were the source of the symptoms.

Diagnostic blocks of nerve roots are usually administered at three spinal levels (four for cervical). Diagnostic blocks may be repeated after an interval of time if there is a change in clinical status.

Therapeutic blocks are performed once the diagnosis is reached. These injections also usually consist of anesthetic or corticosteroid agents. A series of injections may be required for consistent results and a series may be repeated during a relapse. Long term multiple nerve blocks, however, are not considered effective pain management.

Sacroiliac joint injections
The SI joint lies between the sacrum and the ilium. Symptoms of pain require a detailed history and physical exam and diagnosis is not usually based on imaging studies.

Fluoroscopic guidance ensures optimal access to the SI joint space in diagnostic blocks but may not be necessary for therapeutic blocks. When SI joint dysfunction is accompanied by other pain generators, treatment should first address the non SI joint pain generators, as the SI joint symptoms may resolve once these other generators have been treated. If there is residual SI joint pain, it may be appropriate to perform SI joint injections to address the remaining pain.

**Peripheral Nerve Blocks for Pain Management**

Peripheral nerve blocks for pain management consist of injections of chemical substances, such as local anesthetics, sclerosing agents, steroids and/or neurolytic agents, into or near the peripheral nerves for temporary control of pain for a pathological condition, such as nerve entrapment, or to provide a local anesthetic block prior to a surgical service at a distal site (e.g., digital block for surgical repair).

Injection therapies for tarsal tunnel syndrome and Morton’s neuroma do not involve a direct injection into the peripheral nerve(s) but refer to focal injections of tissue surrounding a specific focus of inflammation on the foot. Occasionally injections of alcohol are used for nerve sclerosing such as in nerve entrapment in the heel or neuromas of the foot.

**B. 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.

C. Limitations include all of the following:

- Facet joint injections for the treatment of acute back pain are considered experimental and are therefore not covered.
- 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.
D. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>20526</td>
<td>Injection, therapeutic (eg, local anesthetic, corticosteroid) for carpal tunnel</td>
</tr>
<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid with image guidance (fluoroscopy or CT) including arthrography when performed (for physician billing)</td>
</tr>
<tr>
<td>28899</td>
<td>Unlisted procedure of toe/foot (to be used for tarsal tunnel injections)</td>
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<tr>
<td>64450</td>
<td>Injection, anesthetic agent; other peripheral nerve or branch</td>
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<tr>
<td>64455</td>
<td>Injection(s), anesthetic agent and/or steroid, plantar common digit nerve(s) (eg, Morton’s neuroma)</td>
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<tr>
<td>64490</td>
<td>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</td>
</tr>
<tr>
<td>64491</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64492</td>
<td>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 procedure)</td>
</tr>
<tr>
<td>64493</td>
<td>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</td>
</tr>
<tr>
<td>64494</td>
<td>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)</td>
</tr>
<tr>
<td>64495</td>
<td>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)</td>
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</tbody>
</table>
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 (for facility billing)

E. Variations

For Medicare members in Maryland:

Paravertebral Facet Joint Block
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 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.

**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.

"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.

F. Quality Audit
Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc. Assessment Committee or the Benefits Reimbursement Committee.

G. Records Retention

Records Retention for documents, regardless of medium, are provided within the MedStar Health, Inc Policy and Procedure CORP.028.MH Records Retention.

H. References

Medical Literature/Clinical Information:
   http://guidance.nice.org.uk/CG88/NICEGuidance/pdf/English

Regulatory/Government Source:


http://www.guideline.gov/content.aspx?id=23845

http://www.guideline.gov/content.aspx?id=45379&search=joint+nerve+blocks