MEDICAL POLICY – 7.01.575
Nerve Block, Paravertebral, Facet Joint, and Sacroiliac Joint Injections

Ref. Policy: PA-090

Effective Date: Jan. 1, 2020
Last Revised: Aug. 13, 2019
Replaces: N/A

RELATED MEDICAL POLICIES:
None

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Facet joints are located between the bones of the spine (vertebrae). Facet joint pain syndrome is a condition that causes pain in the lower back and neck. The sacroiliac (SI) joints are between the lower spine and the pelvic bones. Nerve blocks are injections containing medications that prevent pain signals from reaching specific areas of the body. They can be used to diagnose and treat certain medical conditions that cause chronic pain. This policy describes when nerve block injections to diagnose and treat paravertebral facet and sacroiliac (SI) joint pain may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria
<table>
<thead>
<tr>
<th>Services</th>
<th>Medical Necessity</th>
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</table>
| Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections | **Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections may be considered medically necessary for the following indications:**  
  • Paravertebral facet and sacroiliac joint injections require all of the following:  
    o Chronic pain symptoms persisting for 3 months or longer with no improvement using more conservative treatments such as physical therapy and/or analgesics  
    o Documentation of chronic pain including physician evaluations, diagnostic test results, medical imaging reports, treatments attempted, treatment duration, and treatment response  
    o 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 if other conservative treatment has failed or as part of an overall treatment plan (eg, as an adjunct therapy to systemic agents):  
    o Morton’s neuroma  
    o Carpal tunnel syndrome  
    o Heuter’s neuroma,  
    o Iselin’s neuroma,  
    o Hauser’s neuroma  
    o Tarsal tunnel syndrome  
  Note: Injections for plantar fasciitis or calcaneal spurs are not addressed by this policy.  
  See Related Information below for Limitations |
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>20526</td>
<td>Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel</td>
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<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed</td>
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<tr>
<td>28899</td>
<td>Unlisted procedure, foot or toes</td>
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<tr>
<td>64450</td>
<td>Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch</td>
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<tr>
<td>64455</td>
<td>Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton’s neuroma)</td>
</tr>
<tr>
<td>64461</td>
<td>Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)</td>
</tr>
<tr>
<td>64462</td>
<td>Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)</td>
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<tr>
<td>64463</td>
<td>Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)</td>
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<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>
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<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), cervical or thoracic; second level (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>
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<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>
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<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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<tr>
<td>77003</td>
<td>Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)</td>
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**HCPCS**

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<th>Code</th>
<th>Description</th>
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<tr>
<td>G0260</td>
<td>Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography</td>
</tr>
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</table>

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**Related Information**

**Limitations**

- Facet joint injections for the treatment of acute back pain are considered investigational 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 prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents will be denied as not medically necessary.

Evidence Review

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.

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.

References


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<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections may be considered medically necessary when criteria are met.</td>
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</table>

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