

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

Maryland Physicians Care considers **Nerve Block, Paravertebral, Facet Joint, and SI Injections** medically necessary for the following indications:

Paravertebral facet and Sacroiliac joint injections require all the following ^(1, 2, 3, 4):

1. Chronic pain symptoms persisting for three months or longer with no improvement using more conservative treatments such as physical therapy and/or analgesics.
 - a. Documentation of chronic pain should include physician evaluations, diagnostic test results, medical imaging reports, treatments attempted, treatment duration, and treatment response.
 - b. History of pain should be mainly axial or non-radicular unless stenosis is caused by a synovial cyst ⁽⁵⁾
 - i. For SI joint injections, pain should be specific to the low back (below L5)
 - c. Pain is causing functional disability or average pain level of > 6 (scale of 0 to 10) related to the requested spinal region ⁽⁶⁾
2. For facet joint injections, lack of evidence that the primary source of pain being treated is from sacroiliac joint pain, discogenic pain, disc herniation, or radiculitis
 - a. For spondyloarthropathy, all of the following must ALSO be met ⁽⁷⁾:
 - i. Age of onset < 45 years
 - ii. Prior history of sacroiliitis on imaging
 - iii. Diagnosis based on presence of spondyloarthropathy features
3. Repeat injections are defined as injections administered after the initial diagnostic phase. They are medically necessary if ⁽⁸⁾:
 - a. The individual has experienced at least 50% pain relief for a minimum of 2 months before the repeat injections AND
 - b. The individual continues to experience an average pain level of ≥ 6 AND
 - c. Patients must be engaged in ongoing conservative treatment (unless a medical reason this cannot be done has been clearly documented) to receive repeat injections
4. 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.) ^(9, 10, 3)

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.

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Effective Date: 06/15/2025

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) ^(11, 12, 13):

1. Morton's neuroma
2. Carpal tunnel syndrome
3. Heuter's neuroma
4. Iselin's neuroma
5. Hauser's neuroma
6. Tarsal tunnel syndrome
7. Cancer pain affecting quality of life ⁽¹⁴⁾
8. Acute herpes zoster (for prevention of herpetic neuralgia) ^(15, 16)
9. Phantom limb pain ⁽¹⁴⁾
10. Complex regional pain syndrome types I and II ^(17, 18, 19)
11. Acute pancreatitis or chronic, relapsing pancreatitis that refuses to respond to conservative treatment ⁽¹¹⁾
12. Chronic pelvic and rectal visceral pain that refuses to respond to conservative treatment ⁽²⁰⁾

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

Limitations

The following are considered not medically necessary:

- Facet joint injections for the treatment of acute back
- Sacroiliac joint/nerve denervation
- Repeat interventions once a diagnostic paravertebral block is negative at a specific level
- Therapeutic paravertebral nerve blocks exceeding four injections on the same day
- Facet joint blocks administered more frequently than four injections/spinal level/side per year
- 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
- Additional injections if medical record documentation demonstrates that the SI injections were not effective after three injections
- Peripheral nerve blocks beyond three in a six-month period

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- 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.
- “Dry needling” of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins or insertions
- 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

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.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT/ HCPCS Codes	
20526	Injection, therapeutic (e.g., 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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64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)
64455	Injection(s), anesthetic agent and/or steroid, plantar common digit nerve(s) (e.g., 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 paraspinal 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>)

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