

## EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and Sacroiliac Joint Injections

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

### Paravertebral Facet and Sacroiliac Joint Injections

Paravertebral facet and Sacroiliac joint injections require all the following <sup>(1-3)</sup>:

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

# EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

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

## Peripheral Nerve Blocks

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 (e.g., as an adjunct therapy to systemic agents) <sup>(9,10)</sup>:

- Morton's neuroma
- Carpal tunnel syndrome
- Heuter's neuroma
- Iselin's neuroma
- Hauser's neuroma
- Tarsal tunnel syndrome
- Cancer pain affecting quality of life <sup>(11)</sup>
- Acute herpes zoster (for prevention of herpetic neuralgia) <sup>(12,13)</sup>
- Phantom limb pain <sup>(9)</sup>
- Complex regional pain syndrome types I and II <sup>(14-16)</sup>
- Acute pancreatitis or chronic, relapsing pancreatitis that refuses to respond to conservative treatment <sup>(9)</sup>
- Chronic pelvic and rectal visceral pain that refuses to respond to conservative treatment <sup>(17)</sup>

**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 pain
- Sacroiliac joint/nerve denervation
- Repeat diagnostic paravertebral blocks at the same level if the prior diagnostic paravertebral block was negative at that level
- Therapeutic paravertebral nerve blocks exceeding four injections on the same day
- Facet joint blocks administered more frequently than four injections per spinal level per 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

# EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

(demonstrated by documented evidence on valid pain scales) lasting at least two months

- Peripheral nerve blocks beyond three in a six-month period
- 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 member 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 members. 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
<b>CPT/ HCPCS Codes</b>	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
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
28899	Unlisted procedure foot or toes

# EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

64450	Injection(s), anesthetic agent(s) and/or steroid; 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)
64455	Injection(s), anesthetic agent(s) and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	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)
64463	Paravertebral block (PVB) (paraspinous block), thoracic; 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), cervical or thoracic; 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 procedure)
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)

# EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

77003	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)
-------	---

## Policy History

Date	Summary
May 21, 2026	<ul style="list-style-type: none"> <li>• This guideline was renumbered from MP.090.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections</li> <li>• Annual Review - Renumbered Policy; formatting updates throughout; replaced patient with member throughout; added Paravertebral Facet and Peripheral Nerve Block headings and updated in-text citations under both sections; minor updates to Limitations section; updated description of procedure codes 20526, 27096, 28899, 64450, 64451, 64455, 64461, 64462, 64463, 64491, 64492, 64495, 77003 and G0260 and reordered G0260; added Policy History Log; updated References</li> </ul>

## References

1. Manchikanti L, Kaye AD, Soin A, et al. Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines Facet Joint Interventions 2020 Guidelines. *Pain Physician*. 2020;23(3S):S1-S127. <http://www.ncbi.nlm.nih.gov/pubmed/32503359>
2. Sayed D, Deer T, Tieppo Francio V, et al. American Society of Pain and Neuroscience Best Practice (ASPN) Guideline for the Treatment of Sacroiliac Disorders. *J Pain Res*. 2024;Volume 17:1601-1638. doi:10.2147/JPR.S464393
3. Sayed D, Grider J, Strand N, et al. The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain. *J Pain Res*. 2022;Volume 15:3729-3832. doi:10.2147/JPR.S386879
4. Rana S, Pradhan A, Casaos J, et al. Lumbar spinal ganglion cyst: A systematic review with case illustration. *J Neurol Sci*. 2023;445:120539. doi:10.1016/j.jns.2022.120539
5. NICE. Spondyloarthritis in over 16s: diagnosis and management . Published online June 2, 2017.

# EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

6. Cohen SP, Bhaskar A, Bhatia A, et al. Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group. *Reg Anesth Pain Med*. 2020;45(6):424-467. doi:10.1136/rapm-2019-101243
7. Nisolle ML, Ghoundiwal D, Engelman E, et al. Comparison of the effectiveness of ultrasound-guided versus fluoroscopy-guided medial lumbar bundle branch block on pain related to lumbar facet joints: a multicenter randomized controlled non-inferiority study. *BMC Anesthesiol*. 2023;23(1):76. doi:10.1186/s12871-023-02029-9
8. Ashmore ZM, Bies MM, Meiling JB, et al. Ultrasound-guided lumbar medial branch blocks and intra-articular facet joint injections: a systematic review and meta-analysis. *Pain Rep*. 2022;7(3):e1008. doi:10.1097/PR9.0000000000001008
9. American Society of Anesthesiologists Task force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice Guidelines for Chronic Pain Management. *Anesthesiology*. 2010;112(4):810-833. doi:10.1097/ALN.0b013e3181c43103
10. Li J, Szabova A. Ultrasound-Guided Nerve Blocks in the Head and Neck for Chronic Pain Management: The Anatomy, Sonoanatomy, and Procedure. *Pain Physician*. 2021;24(8):533-548.
11. Aman MM, Mahmoud A, Deer T, et al. The American Society of Pain and Neuroscience (ASPN) Best Practices and Guidelines for the Interventional Management of Cancer-Associated Pain. *J Pain Res*. 2021;Volume 14:2139-2164. doi:10.2147/JPR.S315585
12. Makharita MY, Amr YM, El-Bayoumy Y. Effect of early stellate ganglion blockade for facial pain from acute herpes zoster and incidence of postherpetic neuralgia. *Pain Physician*. 2012;15(6):467-474.
13. Bagaphou TC, Santonastaso D, Gargaglia E, et al. Ultrasound Guided Continuous Sciatic Nerve Block for Acute Herpetic Neuralgia. *Case Rep Anesthesiol*. 2019;2019:1-4. doi:10.1155/2019/7948282
14. Datta R, Agrawal J, Sharma A, Rathore V, Datta S. A study of the efficacy of stellate ganglion blocks in complex regional pain syndromes of the upper body. *J Anaesthesiol Clin Pharmacol*. 2017;33(4):534. doi:10.4103/joacp.JOACP\_326\_16
15. Gunduz OH, Kenis Coskun O. Ganglion blocks as a treatment of pain: current perspectives. *J Pain Res*. 2017;Volume 10:2815-2826. doi:10.2147/JPR.S134775
16. Yucel I, Demiraran Y, Ozturan K, Degirmenci E. Complex regional pain syndrome type I: efficacy of stellate ganglion blockade. *Journal of Orthopaedics and Traumatology*. 2009;10(4):179-183. doi:10.1007/s10195-009-0071-5
17. Rocha A, Plancarte R, Nataren RGR, Carrera IHS, Pacheco VADLR, Hernandez-Porrás BC. Effectiveness of Superior Hypogastric Plexus Neurolysis for Pelvic Cancer Pain. *Pain Physician*. 2020;23(2):203-208.

## Disclaimer

Maryland Physicians Care medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the

## **EVH\_MP.2517.MPC Nerve Block, Paravertebral, Facet Joint, and SI Injections**

Policy Number: EVH\_MP\_2517.MPC

Last Review Date: 05/21/2026

Effective Date: 06/01/2026

practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Maryland Physicians Care 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.

Maryland Physicians Care 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. Any sale, copying, or dissemination of said policies is prohibited.