



Manual: IU Health Plans
Department: Utilization Management
Policy # MP052
Effective Date: 11/01/2025
Last revision: 12/01/2024

Health Plans

Medicare Advantage

X Commercial

Nerve Block, Paravertebral, Facet Joint, and SI Injections Policy

I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Nerve Block, Paravertebral, Facet Joint, and SI Injections.

II. Scope

This policy applies to all Utilization Management staff having decision-making responsibilities where authorization is required for Full-insured commercial plans.

III. Exceptions

- A. Facet joint injections for the treatment of acute back pain are considered experimental and are not covered.
- B. Sacroiliac joint/nerve denervation procedures are considered investigational and not medically necessary
- C. 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.
- D. Coverage for therapeutic paravertebral nerve blocks exceeding four injections on the same day will be denied as not medically necessary.
- E. Coverage for facet joint blocks administered more frequently than four injections/spinal level/side per year will be denied as not medically necessary.
- F. 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.
- G. 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.
- H. 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.
- I. 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.
- J. Dry needling is considered experimental and investigational for all uses.

- K. 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.

IV. Definitions

Diagnostic and therapeutic injections- Each facet level in the spinal region is composed of bilateral facet joints (i.e., there are two facet joints per level, one on the right side and one on the left). Unilateral or bilateral facet interventions may be performed during the facet joint procedure (a **DIAGNOSTIC NERVE BLOCK**, a therapeutic facet joint (intraarticular) injection, a medial branch block injection, or the medial branch radiofrequency ablation (neurotomy) in one session. A bilateral intervention is still considered a single level intervention.

Diagnostic Nerve Block- 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.

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.

Sacroiliac Joint-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.

V. Policy Statements

IU Health Plans considers Nerve Block, Paravertebral, Facet Joint, and SI Injections medically necessary for **one of the following** indications:

1. Paravertebral facet and Sacroiliac joint injections require **all of the following**:
 - a. Chronic pain symptoms persisting for three months or longer with no improvement using more conservative treatments such as physical therapy and/or analgesics.
 - b. Documentation of chronic pain including physician evaluations, diagnostic test results, medical imaging reports, treatments attempted, treatment duration, and treatment response.

- c. Imaging studies and physical examination have ruled out other causes of spinal pain (e.g. herniated disk, spinal stenosis, fracture, and tumor).
- d. No coagulopathy
- e. No current infection

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.

2. 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):
- a. Morton's neuroma
 - b. Carpal tunnel syndrome
 - c. Heuter's neuroma,
 - d. Iselin's neuroma,
 - e. Hauser's neuroma
 - f. Tarsal tunnel syndrome

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

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT/ HCPCS Codes	
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid) carpal tunnel
20550	Injection(s); Single Tendon Sheath or Ligament, aponeurosis (EG Plantar "Fascia")
20551	Injection(s); Single Tendon Origin/Insertion
20552	Injection; single or multiple trigger points, 1 or 2 muscles
20553	Injection; single or multiple trigger points, 3 or more muscles
20560	The provider, typically a physical therapist, inserts a needle, without medication, into a trigger point of 1 or 2 muscles to help relieve pain. This is a denied service.
20561	The provider, typically a physical therapist, inserts a needle, without medication, into a trigger point in 3 or more muscles to help relieve pain. This is a denied service.
20612	Aspiration and/or Injection of Ganglion Cyst(s) any location
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
64451	Injection, nerve, sacroiliac joint
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 service
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)
64625	Radiofrequency ablation of SI joint nerve
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (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)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography (<i>for facility billing</i>)

VI. Procedures

None

VII. References/Citations

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Acupuncture for Chronic Low Back Pain (cLBP). 30.3.3. Implementation Date 6/24/2023. [NCD - Acupuncture for Chronic Lower Back Pain \(cLBP\) \(30.3.3\) \(cms.gov\)](#)
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article, Nilling and Coding: Facet Joint Interventions for Pain Management. A58477. Contractor : Wisconsin Physician Service Insurance Corporation.. Revision Effective Date 03/30/2023. [Article - Billing and Coding: Facet Joint Interventions for Pain Management \(A58477\) \(cms.gov\)](#)
3. Chou, R., Hashimoto, R., Friedly, J., Fu, R., Dana, T., Sullivan, S., Bougatsos, C., & Jarvik, J. (2015). Pain Management Injection Therapies for Low Back Pain. Agency for Healthcare Research and Quality (US). [Pain Management Injection Therapies for Low Back Pain \[Internet\] - PubMed \(nih.gov\)](#)
4. Department of Health and Human Services. Agency for Healthcare Research and Quality (AHRQ). (September 2021). Implementation Guide: Factors to Consider in Managing Chronic Pain: A Pain Management Summary. [Factors to Consider in Managing Chronic Pain: A Pain Management Summary \(ahrq.gov\)](#)
5. Hernandez, J., Calvo-Lobo, C., Zugasti, A. M., Fernandez-Carnero, J., & Beltran Alacreu, H. (2021). Effectiveness of Dry Needling with Percutaneous Electrical Nerve Stimulation of High Frequency Versus Low Frequency in Patients with Myofascial Neck Pain. *Pain physician*, 24(2), 135–143. [Effectiveness of Dry Needling with Percutaneous Electrical Nerve Stimulation of High Frequency Versus Low Frequency in Patients with Myofascial Neck Pain - PubMed \(nih.gov\)](#)
6. Korbe, S., Udoji, E. N., Ness, T. J., & Udoji, M. A. (2015). Ultrasound-guided interventional procedures for chronic pain management. *Pain management*, 5(6), 465–482. <https://doi.org/10.2217/pmt.15.46>
7. Palmer, W.E. (2016, November 21). Spinal Injections for Pain Management. *Radiology*. <https://doi.org/10.1148/radiol.2016152055>

VIII. Forms/Appendices

None

IX. Responsibility

Medical Director

This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.