Injections for Chronic Pain Conditions

Humana
Medicaid Medical Coverage Policy

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Description

Injections for chronic pain conditions may be given for either diagnostic or therapeutic (treatment) purposes and may include epidural steroid injections, facet joint injections, regional sympathetic nerve blocks, sacroiliac joint injections, trigger point injections, dry needling of trigger points and/or peripheral nerve blocks. These injections are often included as part of a pain management program.

Epidural Steroid Injections

An epidural steroid injection (ESI) is used to help reduce radicular spinal pain that may be caused by pressure on a spinal nerve root as a result of a herniated disc, degenerative disc disease or spinal stenosis. This treatment is most frequently used for low back pain, though it may also be used for cervical (neck) or thoracic (midback) pain. An anesthetic medication, with or without a steroid (eg, corticosteroid, dexamethasone), is injected into the epidural space near the affected spinal nerve root with the assistance of computed tomography (CT) or fluoroscopy which allows the physician to view the placement of the needle. The goal of this treatment is to reduce inflammation and block the spinal nerve roots to relieve radicular pain or sciatica. It can also provide sufficient pain relief to allow the individual to progress with their rehabilitation program.

Approaches to the epidural space for the injection include:

- **Caudal** – The needle is placed near the coccyx (tailbone) into the sacral hiatus, to target pain which radiates into the lower extremities. This approach is commonly used to treat lumbar radiculopathy after prior surgery in the low back (post-laminectomy pain syndrome).

- **Interlaminar** – The needle is placed between the lamina of two vertebrae directly from the middle of the back. Medication is delivered to the nerve roots, via the epidural space, on both the right and left sides of the inflamed area at the same time.

- **Selective nerve root block (SNRB)** – The needle targets a specific nerve root, rather than the epidural space, delivering an anesthetic along the nerve itself. These injections generally should only be used for diagnostic purposes, often as part of surgical planning. While SNRBs are technically not an ESI, they are frequently discussed with them and the terms may also erroneously be used interchangeably. They may also be referred to as diagnostic selective nerve root blocks (DSNRBs).

- **Transforaminal** – The needle is placed under radiographic guidance in such a way as to allow the medication to be directly applied onto the affected spinal nerve via the intervertebral foramen that lodges the nerve. This method treats one side at a time but, depending on the volume of the medication used, it may spread to one or multiple levels; it has been proposed to inject one or multiple levels during the same session, and either one or both sides. **(Refer to Coverage Limitations section, regarding multiple level injections)**

Sacroiliac Joint Injections

Sacroiliac (SI) joint injections are performed by injecting a local anesthetic, with or without a steroid medication, into the SI joints. These injections may be given for diagnostic purposes to determine if the SI joint is the source of the low back pain or may be performed to treat SI joint pain that has previously been diagnosed. If the pain is relieved, the physician will know that the SI joint appears to be the source of pain. This may be followed up with therapeutic injections of anti-inflammatory (steroid) and/or local anesthetic medications to relieve pain for longer periods.

Trigger Point Injections

Trigger point injections (TPI) are injections of a local anesthetic, with or without a steroid medication, into a painful area of a muscle that contains the trigger point. The purpose of TPI is to relax the area of intense muscle spasm, effectively inactivate the trigger point and provide prompt symptomatic pain relief.

Peripheral Nerve Block

Peripheral nerve blocks consist of injecting a local anesthetic, with or without a steroid, into a peripheral nerve or a nerve ganglion, in an attempt to block pain signals and in theory provide prolonged relief from pain. Examples of peripheral nerve blocks include, but may not be limited to, cluneal nerve block, coccygeal nerve block, ganglion impar block, genicular nerve block, obturator nerve block or splanchnic nerve block. **(Refer to Coverage Limitations section)**

Other Therapeutic Injections

Injections may also be given into other structures in an attempt to alleviate chronic pain. Examples include, but may not be limited to, iliotibial (IT) band injection, intradiscal injection, pedicle screw block/hardware

block of instrumentation used in spinal fusion or sacrococcygeal junction/sacrococcygeal ligament injection. **(Refer to Coverage Limitations section)**

Genicular artery embolization (GAE) is not an injection in the traditional sense of therapeutic injections (injecting a medication to block a nerve), but is used to treat knee pain resulting from osteoarthritis. It is theorized that inflammation in the synovium of the knee joint can lead to vascular endothelial cell proliferation, which promotes hyperplasia and knee vessel inflammation that can contribute to further joint tissue destruction, and may increase chronic pain by facilitating growth of sensory nerves along the newly formed vessels. In GAE, under x-ray imaging guidance, a catheter is advanced to the knee via the femoral artery, and an embolic agent is injected to block the blood flow in the genicular arteries and capillaries supplying the synovium. This purports to reduce inflammation and nerve growth, leading to decreased pain and potential delay of disease progression. **(Refer to Coverage Limitations section)**

Embolization of arteries other than the genicular artery (eg, those in the ankle, foot, hand, hip, shoulder) is being explored as a potential treatment option for other chronic pain conditions (eg, Achilles tendinopathy, arthritis, plantar fasciitis). These procedures may be referred to as intra-arterial embolization, transarterial embolization, transcatheter arterial embolization or TAE. **(Refer to Coverage Limitations section)**

Coverage Determination

NOTE: The scope of this policy is limited to CHRONIC pain management; it is NOT intended for use in consideration of acute postoperative pain control.

Epidural Steroid Injections (62321, 62323)
Humana members may be eligible under the Plan for **epidural steroid injections** via **caudal, interlaminar or transforaminal/SNRB approach** for back and neck pain when **ALL** of the following criteria are met:

- Failure to improve after 4 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including the following:
    - Activity/lifestyle modification
    - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics) if medically appropriate and not contraindicated
    - Physical therapy (PT), including a home exercise program (HEP); **AND**
- Pain is radicular in nature (radicular signs may include, but are not limited to, a positive straight leg raise or a dermatomal pattern of sensory loss); **AND**
- Maximum number of nerve root levels that may be performed in one session:
    - Caudal and interlaminar: injection at only 1 nerve root level per session, **AND** only 1 anatomical region per session **AND** not in conjunction with a transforaminal injection; **OR**

  - Transforaminal/SNRB: no more than 2 injections per session (a single nerve root level bilaterally or 2 nerve root levels unilaterally) **AND** only one anatomical region per session; **AND**

- Real-time imaging guidance (CT scan or fluoroscopy) must be used to ensure proper needle placement (***this is considered integral to the primary procedure and not separately reimbursable***)

Diagnostic Phase:
- During the diagnostic phase, the individual may receive 2 injections at intervals of no sooner than 2 weeks; **AND**

- If diagnostic phase is completed and unsuccessful (less than a 50% reduction in pain and/or symptoms), no further injections are considered medically necessary

Therapeutic Phase:
- If the diagnostic phase is completed, the frequency of injections must be at least 2 months apart during the therapeutic phase, provided the individual has at least a 50% relief in pain and/or symptoms for 2 months; **AND**

- Total of 4 therapeutic epidural steroid injections per anatomical region per rolling 12 month period may be performed, only upon return of pain and/or deterioration in function **AND** only when responsiveness to prior injections has occurred (the individual should have at least a 50% reduction in pain and/or symptoms for 2 months)

Humana members may be eligible under the Plan for **epidural steroid injections (caudal, interlaminar, transforaminal)** for pain unresponsive to conservative measures *related to the following conditions* (a total of 6 injections per rolling 12 month period may be administered):

- Cancer (tumors or metastasis involving the spine); **OR**
- Complex regional pain syndrome (CRPS)/reflex sympathetic dystrophy (RSD); **OR**
- Herpes zoster/postherpetic neuralgia

Coverage Limitations

Epidural Steroid Injections (62321, 62323)
Humana members may **NOT** be eligible under the Plan for **epidural steroid injections (caudal, interlaminar, transforaminal/SNRB)** for any indications other than those listed above including, but may not be limited to:

- A preconceived treatment plan (eg, a series of 3 injections regardless of response to the prior injection); **OR**

- Epidural steroid injections performed at multiple nerve root levels (in excess of the maximum number outlined in the Coverage Determination section) OR at multiple anatomical regions during the same session (same date of service); **OR**

- Epidural steroid injections (regardless of the approach used) performed *without imaging guidance*; **OR**

- Epidural steroid injections via placement of an indwelling catheter for administration of a continuous infusion or intermittent bolus; **OR**

- Lumbar spinal stenosis *in the absence of radiculopathy*; **OR**

- Nonradicular pain (*unless* related to cancer, CRPS/RSD or herpes zoster/postherpetic neuralgia); **OR**

- Repeat epidural injections when significant improvement has occurred after the initial injection or any subsequent injections. Repeat injections should *only* be performed upon return of pain and deterioration in the functional status; **OR**

- Therapeutic epidural injections in the absence of clinical improvements in pain and function after the initial 2 diagnostic injections; **OR**

- Use of real-time pressure-sensing guidance system; **OR**

- When other types of injections are performed on the same date of service, including, but not limited to, facet injections, sacroiliac joint injections, sympathetic blocks and/or trigger point injections. (Multiple injections on the same day could lead to an inaccurate or lack of diagnosis)

All other indications are considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for the use of **ultrasound guidance for needle placement.** This is considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for **monitored anesthesia care (MAC)** for epidural steroid injections. This is considered not medically necessary. Standard medical practice consists of local anesthesia and moderate sedation (99152, 99153).

Humana members may **NOT** be eligible under the Plan for **moderate sedation** administered by a provider (that is, a physician or CRNA) ***OTHER THAN*** the physician who is performing the diagnostic or therapeutic epidural steroid injection (99156, 99157). This is considered not medically necessary.

Note: These statements for moderate sedation, MAC or general anesthesia with pain management injections only apply to **ADULTS**. Moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), MAC or general anesthesia with pain management injections may be medically necessary for an individual 17 years of age or younger.

Coverage Determination

Ganglion Impar Blocks

Humana members may be eligible under the Plan for **ganglion impar blocks** when the following criteria are met:

- Individual with chronic coccydynia or chronic pelvic pain[50,77]:
  - Failure of conservative treatment (activity modification, ice/heat, pharmacologic, PT)[50,77]; **AND**
  - Procedure is performed with real-time imaging guidance (CT scan or fluoroscopy) to ensure proper needle placement[50,77] (this is considered ***integral to the primary procedure and not separately reimbursable***); **AND**
  - Procedure may be repeated ONLY if the prior injection provided at least 50% pain reduction and an improvement in physical function[50,77]

OR

- Individual with pelvic or perineal pain due to cancer[37,50,77]:
  - Pain is refractory to pain medications[37]; **AND**
  - Procedure is performed with real-time imaging guidance (CT scan or fluoroscopy) to ensure proper needle placement[50,77] (this is considered ***integral to the primary procedure and not separately reimbursable***); **AND**
  - Procedure may be repeated ONLY if the prior injection provided at least 50% pain reduction for 3 months[37]

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **ganglion impar blocks** for any indications other than those listed above including, but may not be limited to:

- Prior injection was not successful (less than 50% reduction in pain)[37,50,77]; **OR**
- Ganglion impar blocks performed *without* imaging guidance[50,77]; **OR**
- When other types of injections are performed on the same date of service including, but not limited to, epidural steroid injections, facet injections, sacroiliac joint injections and/or trigger point injections. (Multiple injections on the same day could lead to an inaccurate or lack of diagnosis)

All other indications are considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for **monitored anesthesia care (MAC)** for ganglion impar blocks. This is considered not medically necessary. Standard medical practice consists of local anesthesia and moderate sedation (99152, 99153).

Humana members may **NOT** be eligible under the Plan for **moderate sedation** administered by a provider (that is, a physician or CRNA) *OTHER THAN* the physician who is performing the ganglion impar blocks (99156, 99157). This is considered not medically necessary.

Note: These statements for moderate sedation, MAC or general anesthesia with pain management injections only apply to **ADULTS**. Moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), MAC or general anesthesia with pain management injections may be medically necessary for an individual 17 years of age or younger.

Coverage Determination

Sacroiliac Joint Injections (27096)
Humana members may be eligible under the Plan for **intra-articular sacroiliac joint injections** when the following criteria are met:

- Chronic low back pain when the sacroiliac joint is suspected to be the source of pain; **AND**
- Failure to improve after 12 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including the following:
  - Activity/lifestyle modification
  - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated
  - PT, including HEP; **AND**
- Positive response (reproduction of individual's typical SIJ pain) to at least 3 of the following provocative tests/maneuvers:
  - Compression test
  - Distraction test
  - FABER test (also referred to as Patrick test)
  - Gaenslen's test
  - Thigh thrust test (also referred to as posterior pelvic pain provocation; **AND**
- Sacroiliac joint injections are to be performed with imaging guidance (CT scan or fluoroscopy) to ensure correct needle placement

Diagnostic Phase:

- During the diagnostic phase, an individual may receive 2 injections at intervals of no sooner than 2 weeks; **AND**

- If injections are to be done for different joints (left versus right) they are to be done at intervals of no sooner than one week apart (though it is recommended that both joints be injected at the same time); **AND**

- If the diagnostic phase is completed and unsuccessful (less than a 75% reduction in pain and/or symptoms), no further injections will be covered

Therapeutic Phase:

- The previous SIJ injection produced at least consistent 50% pain relief **or** at least 50% consistent improvement in the ability to perform previously painful movements and activities of daily living (ADLs) for at least 3 months from the proximate therapeutic SIJ injection procedure and compared to baseline measurements for ADLs and painful movements or pain relief using the same pain scale; **AND**

- If injections are to be done for different joints (left versus right), and the above criteria are met, the frequency is to remain at least 3 months between injections (though it is recommended that both sides be treated at the same time, rather than one at a time); **AND**

- Total of 4 therapeutic injections (per joint per rolling 12 month period) may be performed only upon return of pain and/or deterioration in function and only when responsiveness to prior injections has occurred (the individual should have at least an 50% reduction in pain and/or symptoms for 3 months)

Coverage Limitations

Sacroiliac Joint Injections (27096)

Humana members may **NOT** be eligible under the Plan for **sacroiliac joint injections** for any indications other than those listed above including, but not limited to:

- Lateral branch nerve blocks to the SI joint for diagnostic or therapeutic purposes **OR** for diagnostic purposes prior to a neuroablative procedure to the SI joint; **OR**

- Repeat SI joint injections in the absence of clinical improvement in pain and function after the initial 2 diagnostic injections; **OR**

- Repeat SI joint injections when significant improvement has occurred after the initial injection or any subsequent injections. Repeat injections should *only* be performed upon return of pain and deterioration in the functional status; **OR**

- SI joint injections performed *without imaging guidance*; **OR**

- When other types of injections are performed on the same date of service including, but not limited to, epidural steroid injections, facet injections, sympathetic blocks and/or trigger point injections. (Multiple injections on the same day could lead to an inaccurate or lack of diagnosis)

All other indications are considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for the use of **ultrasound guidance for needle placement.** This is considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for **monitored anesthesia care (MAC)** for sacroiliac joint injections. This is considered not medically necessary. Standard medical practice consists of local anesthesia and moderate sedation (99152, 99153).

Humana members may **NOT** be eligible under the Plan for **moderate sedation** administered by a provider (that is, a physician or CRNA) *OTHER THAN* the physician who is performing the diagnostic or therapeutic sacroiliac joint injection (99156, 99157). This is considered not medically necessary.

Note: These statements for moderate sedation, MAC or general anesthesia with pain management injections only apply to **ADULTS**. Moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), MAC or general anesthesia with pain management injections may be medically necessary for an individual 17 years of age or younger.

Coverage Determination

Trigger Point Injections (20552, 20553)
Humana members may be eligible under the Plan for **trigger point injections** for the treatment of myofascial pain syndrome when the following criteria are met:

- Pain has been present for at least 3 months, with the presence of symptomatic palpable trigger point(s); **AND**

- Failure to improve after 4 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including the following:

  - Activity/lifestyle modification
  - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated
  - PT, including HEP; **AND**

Diagnostic (Stabilization) Phase:
- During the diagnostic (stabilization) phase, an individual may receive injections at intervals of no sooner than 1 week; **AND**

- Up to 4 sets of injections may be necessary to diagnose the source of the individual's pain and achieve a therapeutic effect; **AND**

- If diagnostic (stabilization) phase is completed and unsuccessful (less than a 50% reduction in pain and/or symptoms), no further injections are covered

Therapeutic Phase:

- If the diagnostic (stabilization) phase is completed, the frequency of injections must be at least 2 months apart during the therapeutic phase, provided the individual has at least a 50% relief in pain and/or symptoms for 6 weeks; **AND**

- Total of 6 sessions of therapeutic trigger point injections per rolling 12 month period may be performed only upon return of pain and/or deterioration in function AND only when responsiveness to prior injections has occurred (the individual should have at least a 50% reduction in pain and/or symptoms for 6 weeks)

Coverage Limitations

Trigger Point Injections (20552, 20553)

Humana members may **NOT** be eligible under the Plan for **trigger point injections** for any indications other than those listed above including, but not limited to:

- Repeat therapeutic trigger point injections in the absence of clinical improvement in pain and function after the initial diagnostic injections; **OR**

- Repeat trigger point injections when significant improvement has occurred after the initial injection or any subsequent injections. Repeat injections should *only* be performed upon return of pain and deterioration in the functional status; **OR**

- When other types of injections are performed on the same date of service including, but not limited to, epidural steroid injections, facet injections, sacroiliac joint injections and/or sympathetic blocks (Multiple injections on the same day could lead to an inaccurate or lack of diagnosis)

All other indications are considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for the use of **ultrasound guidance for needle placement.** This is considered not medically necessary.

Humana members may **NOT** be eligible under the Plan for **monitored anesthesia care (MAC)** for trigger point injections. This is considered not medically necessary. Standard medical practice consists of local anesthesia and moderate sedation (99152, 99153).

Humana members may **NOT** be eligible under the Plan for **moderate sedation** administered by a provider (that is, a physician or CRNA) *OTHER THAN* the physician who is performing the diagnostic or therapeutic trigger point injection (99156, 99157). This is considered not medically necessary.

Note: These statements for moderate sedation, MAC or general anesthesia with pain management injections only apply to **ADULTS**. Moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), MAC or general anesthesia with pain management injections may be medically necessary for an individual 17 years of age or younger.

Coverage Limitations

Other Miscellaneous Injections for Pain Conditions
Humana members may **NOT** be eligible under the Plan for the following injections for any indication, including for management/treatment of chronic pain:

- Cluneal nerve block[48,49]; **OR**
- Coccygeal nerve block[77]; **OR**
- Genicular artery embolization[26,75]; **OR**
- Iliotibial (IT) band injection[80]; **OR**
- Obturator nerve block[45]; **OR**
- Pedicle screw block/hardware block of instrumentation used in spinal fusions; **OR**
- Repetitive peripheral nerve blocks for chronic nonmalignant pain; **OR**
- Sacrococcygeal junction/sacrococcygeal ligament injection (for any indication, including coccydynia); **OR**
- Splanchnic nerve block; **OR**
- Transarterial embolization (also referred to as intra-arterial embolization, TAE, transcatheter arterial embolization) for any musculoskeletal/chronic pain condition[22,24,25,43,88]

A review of the current medical literature shows that the **evidence is insufficient** to determine that these services are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

Humana members may **NOT** be eligible under the Plan for **moderate sedation, monitored anesthesia care (MAC) or general anesthesia** provided for any injections listed in this section (and including, but may not be limited to, peripheral joint injections [eg, hip or knee]) related to pain management procedures. These are considered not medically necessary.

Note: This statement for moderate sedation, MAC or general anesthesia with pain management injections only applies to **ADULTS**. Moderate sedation (99151, 99152, 99153, 99155, 99156, 99157), MAC or general anesthesia with pain management injections may be medically necessary for an individual 17 years of age or younger.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	
20999	Unlisted procedure, musculoskeletal system, general	
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
64999	Unlisted procedure, nervous system	
CPT® Category III Code(s)	**Description**	**Comments**
No code(s) identified		
HCPCS Code(s)	**Description**	**Comments**
No code(s) identified		

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Appendix

Use the hyperlinks below to return to the Coverage Determination section for a particular injection:

Epidural Steroid Injections

Sacroiliac Joint Injection
Trigger Point Injections

Use the hyperlinks below to return to the Coverage Limitations section for the following:

Other Miscellaneous Injections
Peripheral Nerve Blocks

Appendix A – Definitions

Anatomical Region – For the purpose of pain injections, there are 2 anatomical regions of the spine (defined as (1) the cervical and thoracic spine and (2) the lumbar and sacral spine).

Dry Needling of Trigger Points – Dry needling differs from traditional acupuncture, even though it does make use of acupuncture-type needles. Acupuncture follows the principles of energy flow as a guide to where the needles will be inserted; in dry needling, needles are inserted directly into a myofascial trigger point, in an attempt to inactivate it, thereby theoretically decreasing the associated pain. Dry needling, though it targets a trigger point, differs from a trigger point injection, as there is no injection of medication or fluid.

Facet Injections – Facet injections, also known as facet blocks or medial branch blocks, are injections of a local anesthetic, with or without a steroid medication, into the facet joints or their nerve supply, the medial branch nerve. Facet injections may be given for diagnostic purposes to determine if the facet joint is the source of pain and must be performed under CT- or fluoroscopy-guidance.

Maximum Number of Nerve Root Levels for ESI –

- Caudal and interlaminar: injection at only 1 nerve root level per session, **AND** only 1 anatomical region per session **AND** not in conjunction with a transforaminal injection.

- Transforaminal/SNRB: no more than 2 injections per session (a single nerve root level bilaterally or 2 nerve root levels unilaterally) **AND** only one anatomical region per session.

Moderate Sedation – Moderate sedation services are provided by the same physician or other qualified health care professional who is performing the diagnostic or therapeutic procedure that the sedation supports; this requires the presence of an independent trained observer (eg, circulating nurse) to assist in the monitoring of the individual's level of consciousness and vital signs.

Pain Scale – The scales used to measure of pain and/or disability must be documented in the medical record. Acceptable scales include but are not limited to: verbal rating scales, Numerical Rating Scale (NRS) and Visual Analog Scale (VAS) for pain assessment, and Pain Disability Assessment Scale (PDAS), Oswestry Disability Index (ODI), Oswestry Low Back Pain Disability Questionnaire (OSW), Quebec Back Pain Disability Scale (QUE), Roland Morris Pain Scale, Back Pain Functional Scale (BPFS), and the PROMIS profile domains to assess function.

Radicular/Radiculopathy – In low back pain, radicular means pain and/or numbness that radiates below the knee (this may also be referred to as lumbar radiculopathy)[15]; in neck pain, it is pain, numbness or weakness in the shoulder, arm, wrist or hand (this may also be referred to as cervical radiculopathy).[8]

Regional Sympathetic Nerve Blocks – Type of block performed by injecting a local anesthetic into the region of the relevant sympathetic ganglia, for the treatment of complex regional pain syndrome ([CRPS], previously known as reflex sympathetic dystrophy [RSD]). At the cervical level, these blocks may be referred to as stellate ganglion blocks and in the thoracic or lumbar level as paravertebral sympathetic blocks. As with other blocks, these may both aid in diagnosis of CRPS and be given as a therapeutic injection.

Rolling 12 Month Period – A rolling 12 month period is 12 months after an event, regardless of what month the initial event took place (eg, first diagnostic injection is given August 1, 2025, the rolling 12 month period would end July 31, 2026).

Sacroiliac (SI) Joint Injections – SIJ injections are performed by injecting a local anesthetic, with or without a steroid medication, into the SI joints. These injections may be given for diagnostic purposes to determine if the SI joint is the source of the low back pain or may be performed to treat SI joint pain that has previously been diagnosed. If the pain is relieved, the physician will know that the SI joint appears to be the source of pain. This may be followed up with therapeutic injections of anti-inflammatory (steroid) and/or local anesthetic medications to relieve pain for longer periods.

Session – A session is defined as any and all epidural steroid injections or spinal procedures/injections performed on a single calendar day.

Sympathetic Blocks – Sympathetic blocks include stellate ganglion blocks in the neck and lumbar sympathetic blocks for lower extremity pain.

Change Summary

01/01/2025 New Policy
08/05/2025 Annual Review, Coverage Change. Updated Coding Information