Injections for Pain Conditions

Humana

Medicaid Medical Coverage Policy

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Description

Injections for 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 together and the terms may also erroneously be used interchangeably. These injections 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)**

Facet Joint Injections
Facet joint injections are performed by injecting a local anesthetic, with or without a steroid medication, into the facet joints of the spine. These injections are given for diagnostic purposes to determine if the facet joints are the source of pain. If pain is relieved with the initial facet joint injection, a second, confirmatory diagnostic facet joint injection is typically used to determine if additional interventions such as a radiofrequency ablation could be beneficial for the management of pain.

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.

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 proposed as a treatment for 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

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 least 2 weeks apart; **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

For members under age 21 requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

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 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**

- 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**

- 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.

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.

Coverage Determination

Facet Joint Injections (64490, 64491, 64492, 64493, 64494, 64495)
Humana members may be eligible under the Plan for an **initial or confirmatory diagnostic facet joint injection** when it is determined to be medically necessary utilizing **MCG guidelines**.

Coverage Limitations

For members under age 21 requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Facet Joint Injections (64490, 64491, 64492, 64493, 63494, 64495)
Humana members may **NOT** be eligible under the Plan for **facet joint injections** for any indications other than those listed above including, but may not be limited to:

- Therapeutic facet joint injections

All other indications are considered not medically necessary.

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.

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[75,84]:
    - Failure of conservative treatment (activity modification, ice/heat, pharmacologic, PT)[75,84]; **AND**
    - Procedure is performed with real-time imaging guidance (CT scan or fluoroscopy) to ensure proper needle placement[75,84] (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[75,84]

OR

- Individual with pelvic or perineal pain due to cancer[35,75,84]:
    - Pain is refractory to pain medications[35]; **AND**
    - Procedure is performed with real-time imaging guidance (CT scan or fluoroscopy) to ensure proper needle placement[75,84] (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[35]

Coverage Limitations

For members under age 21 requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

Ganglion Impar Blocks
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:

- 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.

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.

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

For members under age 21 requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

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[19]; **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**

- 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.

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.

Coverage Limitations

For members under age 21 requests are reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

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[73,74]; **OR**
- Coccygeal nerve block[84]; **OR**
- Genicular artery embolization[24,82]; **OR**
- Genicular nerve block[76,91] **(64454)**; **OR**
- Iliotibial (IT) band injection[87]; **OR**
- Obturator nerve block[68]; **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[20,22,23,66,95]

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.

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
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	
62320	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; without imaging guidance	
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)	
62322	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); without imaging guidance	
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)	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	

64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	
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)	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	
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		

References

1. Abram S. Treatment of lumbosacral radiculopathy with epidural steroids. *Anesthesiology.* 1999;91:1937-1941.

2. Adullah N, Latif U, Gustafson K, et al. Regenerative medicine of the spin. *Minimally Invasive Spine Techniques*. 2026:225-238.

3. Agency for Healthcare Research and Quality (AHRQ). Comparative Effectiveness Review. Interventional treatments for acute and chronic pain: systematic review. https://www.ahrq.gov. Published September 2021.

4. Alvarez D, Rockwell, P. Trigger points: diagnosis and management. *American Family Physician.* 2002;65(4):653-660.

5. American Academy of Neurology. Epidural steroids for cervical and lumbar radicular pain and spinal stenosis. https://aan.com. Published February 2025.

6. American Academy of Orthopedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of glenohumeral joint osteoarthritis. https://aaos.org. Published March 23, 2020.

7. American Academy of Orthopedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of osteoarthritis of the hip. https://aaos.org. Published December 1, 2023.

8. American Academy of Orthopedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of osteoarthritis of the knee (non-arthroplasty). https://aaos.org. Published August 31, 2021.

9. American Academy of Orthopaedic Surgeons (AAOS). Ortho Info. Cervical radiculopathy (pinched nerve). https://aaos.org. Published February 2010. Updated June 2024.

10. American Society of Anesthesiologists (ASA). Statement on anesthetic care during interventional pain procedures for adults. https://asahq.org. Published October 22, 2005. Updated October 13, 2021.

11. American Society of Anesthesiologists (ASA). Statement on continuum of depth of sedation: definition of general anesthesia and levels of sedation/analgesia. https://asahq.org. Published October 13, 1999. Updated October 23, 2024.

12. American Society of Anesthesiologists (ASA). Statement on distinguishing monitored anesthesia care ("MAC") from moderate sedation/analgesia (conscious sedation). https://asahq.org. Published October 18, 2023.

13. American Society of Anesthesiologists (ASA). Statement on the medical necessity of anesthesiology services. https://asahq.org. Published October 16, 2013. Updated October 18, 2023.

14. American Society of Interventional Pain Physicians (ASIPP). American Society of Interventional Pain Physicians (ASIPP) Comprehensive Evidence-Based Guidelines. Epidural interventions in the management of chronic spinal pain. https://asipp.org. Published January 2021.

15. American Society of Interventional Pain Physicians (ASIPP). American Society of Interventional Pain Physicians (ASIPP) Guidelines. Responsible, safe, and effective use of biologics in the management of low back pain. https://asipp.org. Published 2019.

16. American Society of Interventional Pain Physicians (ASIPP). An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. https://asipp.org. Published 2013.

17. American Society of Interventional Pain Physicians (ASIPP). ASIPP guidelines for sedation and fasting status of patients undergoing interventional pain management procedures. https://asipp.org. Published 2019.

18. American Society of Pain and Neuroscience (ASPN). Evidence-based clinical guideline of interventional treatments for low back pain. https://aspnpain.com. Published December 2022.

19. American Society of Regional Anesthesia and Pain Medicine (ASRA). Sacroiliac joint injections, lateral branch blocks. https://asra.com. Published August 6, 2019.

20. ClinicalKey. Ciaffi J, Papalexis N, Vanni E, et al. Minimally invasive interventional procedures for osteoarthritis and inflammatory arthritis: a systematic review and meta-analysis. *Semin Arthritis Rheum.* 2024;68:152525. https://clinicalkey.com.

21. ClinicalKey. Dinakar P. Pain management. In: Jankovic J. *Bradley and Daroff's Neurology in Clinical Practice*. 8th ed. Elsevier; 2022:753-775.e2. https://clinicalkey.com.

22. ClinicalKey. Park J, Lee S, Seo B-S, et al. Clinical outcomes of transarterial embolization for chronic Achilles tendinopathy refractory to conservative treatment: a pilot study. *J Vasc Interv Radiol.* 2023;34:63-70. https://clinicalkey.com.

23. ClinicalKey. Sasaki T, Shibuya M, Miyasaki K, et al. Clinical results of ultrasound-guided intra-arterial embolization targeting abnormal neovessels for plantar fasciitis: 66 cases with up to 4 years of follow-up. *Foot Ankle Surg.* 2025;31(2):105-110. https://clinicalkey.com.

24. ClinicalKey. Taslakian B, Miller L, Mabud T, et al. Genicular artery embolization for treatment of knee osteoarthritis pain: systematic review and meta-analysis. *Osteoarthritis and Cartilage.* 2023;(5):100342. https://clinicalkey.com.

25. ClinicalKey. Waldman S. Genicular nerve block. In: Waldman S. *Atlas of Pain Management Injection Techniques.* 5th ed. Elsevier; 2023:785-793. https://clinicalkey.com.

26. Cohen S, 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.

27. Congress of Neurological Surgeons (CNS). Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low back pain, and lumbar fusion. https://cns.org. Published 2006. Updated July 2014.

28. Datta S, Manchikanti L, Falco F, et al. Diagnostic utility of selective nerve root blocks in the diagnosis of lumbosacral radicular pain: systematic review and update of current evidence. *Pain Physician.* 2013;16:SE97-SE124.

29. Davis T, Loudermilk E, DePalma M, et al. Prospective, multicenter, randomized, crossover clinical trial comparing the safety and effectiveness of cooled radiofrequency ablation with corticosteroid injection in the management of knee pain from osteoarthritis. *Reg Anesth Pain Med.* 2018;43:84-91.

30. ECRI. Clinical Evidence Analysis. Accuro Instrument (Rivanna Medical, Inc.) for aiding epidural catheter placement. https://home.ecri.org. Published November 23, 2021.

31. ECRI. Clinical Evidence Assessment. Coolief Cooled Radiofrequency System (Avanos Medical, Inc.) for treating hip pain. https://home.ecri.org. Published May 5, 2021.

32. ECRI. Clinical Evidence Analysis. Frequency of trigger point injections for treating chronic pain. https://home.ecri.org. Published March 6, 2025.

33. ECRI. Clinical Evidence Analysis. Trigger point injections for treating pain. https://home.ecri.org. Published February 12, 2025.

34. ECRI. Clinical Evidence Assessment. Intracept System (Relievant Medsystems, Inc.) for treating chronic low-back pain. https://home.ecri.org. Published October 13, 2020. Updated April 29, 2025.

35. Ferreira F, Pedro A. Ganglion impar neurolysis in the management of pelvic and perineal cancer-related pain. *Case Rep Oncol.* 2020;13:29-34.

36. Hurley R, Adams M, Barad M, et al. Consensus practice guidelines on interventions for cervical spine (facet) joint pain from a multispecialty international working group. *Pain Medicine.* 2021;22(11):2443-2524.

37. Kastler A, Aubry S, Piccand V, Hadjidekov G, Tiberghien F, Kastler B. Radiofrequency neurolysis versus local nerve infiltration in 42 patients with refractory chronic inguinal neuralgia. *Pain Physician.* 2012;15:237-244.

38. Kennedy D, Zheng P, Smuck M, McCormick Z, Huynh L, Schneider B. A minimum of 5-year follow-up after lumbar transforaminal epidural steroid injections in patients with lumbar radicular pain due to intervertebral disc herniation. *Spine J.* 2018;18:29-35.

39. Kim E, Chotai S, Stonko D, et al. Patient-reported outcomes after lumbar epidural steroid injection for degenerative spine disease in depressed versus non-depressed patients. *Spine J.* 2017;17:511-517.

40. Koltsov J, Smuck M, Zagel A, et al. Lumbar epidural steroid injections for herniation and stenosis: incidence and risk factors of subsequent surgery. *Spine J.* 2019;19:199-205.

41. McCormick Z, Conger A, Kendall R, et al. A pragmatic randomized prospective trial of cooled radiofrequency ablation of the medial branch nerves versus facet joint injection of corticosteroid for the treatment of lumbar facet syndrome: 12 month outcomes. *Pain Medicine*. 2023;24(12):1318-1331.

42. Manchikanti L, Kaye A, 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) practice guidelines. *Pain Physician* 2020;23(3S):S1-S127.

43. Manchikanti L, Singh V, Kloth D, et al. Interventional techniques in the management of chronic pain: part 2.0. American Society of Interventional Pain Physicians (ASIPP) practice guidelines. *Pain Physician*. 2001;4(1):24-98.

44. Manchikanti L. Transforaminal lumbar epidural steroid injections. *Pain Physician.* 2000;3(4):374-398.

45. Miller S, Caragea M, Carson D, et al. The effectiveness of intradiscal corticosteroid injection for the treatment of chronic discovertebral low back pain: a systematic review. *Pain Medicine*. 2024;25:33-46.

46. North American Spine Society (NASS). Coverage Policy Recommendations. Epidural steroid injections and selective spinal nerve blocks. https://spine.org. Published February 2020.

47. North American Spine Society (NASS). Coverage Policy Recommendations. Facet joint interventions. https://spine.org. Published October 2016.

48. North American Spine Society (NASS). Coverage Policy Recommendations. Sacroiliac joint injections and radiofrequency ablation. https://spine.org. Published October 2020.

49. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of cervical radiculopathy from degenerative disorders. https://spine.org. Published 2010.

50. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of degenerative lumbar spinal stenosis. https://spine.org. Published 2007. Updated 2011.

51. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of degenerative lumbar spondylolisthesis. https://spine.org. Published 2008. Updated 2014.

52. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of low back pain. https://spine.org. Published 2020.

53. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of lumbar disc herniation with radiculopathy. https://spine.org. Published 2012.

54. Novak S, Nemeth W. The basis for recommending repeating epidural steroid injections for radicular low back pain: a literature review. *Arch Phys Med Rehabil.* 2008;89:543-552.

55. Pinto R, Maher C, Ferreira M, et al. Epidural corticosteroid injections in the management of sciatica. *Ann Intern Med*. 2012;157:865-877.

56. Schreiber A, McDonald B, Kia F, Fried G. Cervical epidural steroid injections and spinal cord injuries. *Spine J*. 2016;16:1163-1166.

57. Shermon S, Hillery T, Kim M, Van Acker G, Kim C. Evaluation of genicular nerve blocks durations with and without corticosteroid: a single-blind, randomized controlled trial. *Pain Physician.* 2025;28:127-135.

58. Society of Interventional Radiology (SIR). Society of Interventional Radiology research reporting standards for genicular artery embolization. https://sirweb.org. Published August 1, 2024.

59. symplr Software LLC. Emerging Technology Report. Genicular artery embolization with Embozene Microspheres (Varian, a Siemens Healthineers Company) for symptomatic knee osteoarthritis. https://evidence.hayesinc.com. Published October 19, 2023.

60. symplr Software LLC. Evidence Analysis Research Brief. CompuFlo Epidural System (Milestone Scientific Inc.) for identification of the epidural space. https://evidence.hayesinc.com. Published March 14, 2024.

61. symplr Software LLC. Evidence Analysis Research Brief. Coolief Cooled Radiofrequency (Avanos Medical Inc.) for treatment of back pain. https://evidence.hayesinc.com. Published December 22, 2025.

62. symplr Software LLC. Evidence Analysis Research Brief. Erector spinae plane block for treatment of low back pain. https://evidence.hayesinc.com. Published December 4, 2024.

63. symplr Software LLC. Evidence Analysis Research Brief. Endoscopic rhizotomy for treatment of low back pain. https://evidence.hayesinc.com. Published June 10, 2024.

64. symplr Software LLC. Evidence Analysis Research Brief. Genicular artery embolization for treatment of knee osteoarthritis. https://evidence.hayesinc.com. Published September 10, 2025.

65. symplr Software LLC. Evidence Analysis Research Brief. Intradiscal Fibrin Sealant for Treatment of Spinal Disc Conditions. https://evidence.hayesinc.com. Published March 10, 2026.

66. symplr Software LLC. Evidence Analysis Research Brief. Intra-arterial embolization with Imipenem/cilastatin sodium for treatment of interphalangeal or trapeziometacarpal osteoarthritis. https://evidence.hayesinc.com. Published October 16, 2024.

67. symplr Software LLC. Evidence Analysis Research Brief. Nerve blockade for treatment of chronic shoulder pain. https://evidence.hayesinc.com. Published April 7, 2023.

68. symplr Software LLC. Evidence Analysis Research Brief. Nerve blockade of the articular branches of the femoral and obturator nerves for treatment of hip arthritis. https://evidence.hayesinc.com. Published March 20, 2023.

69. symplr Software LLC. Health Technology Assessment. Percutaneous pulsed radiofrequency for chronic cervical spinal pain indications. https://evidence.hayesinc.com. Published May 5, 2023. Updated June 13, 2025.

70. symplr Software LLC. Health Technology Assessment. Radiofrequency Ablation for Facet Joint Denervation for Chronic Low Back Pain. https://evidence.hayesinc.com. Published December 1, 2016.

71. symplr Software LLC. Evidence Analysis Research Brief. Saphenous nerve block for treatment of knee osteoarthritis. https://evidence.hayesinc.com. Published June 13, 2025.

72. symplr Software LLC. Evolving Evidence Review. Epidural steroid injections for the treatment of thoracic spine pain. https://evidence.hayesinc.com. Published July 23, 2021. Updated August 13, 2024.

73. symplr Software LLC. Evolving Evidence Review. Middle cluneal nerve block for treatment of low back pain. https://evidence.hayesinc.com. Published January 4, 2022. Updated February 7, 2025.

74. symplr Software LLC. Evolving Evidence Review. Superior cluneal nerve block for treatment of low back pain. https://evidence.hayesinc.com. Published December 30, 2021. Updated December 18, 2024.

75. symplr Software LLC. Health Technology Assessment. Ganglion impar block or radiofrequency thermocoagulation for treatment of chronic coccydynia. https://evidence.hayesinc.com. Published July 21, 2022. Updated July 10, 2025.

76. symplr Software LLC. Health Technology Assessment. Genicular nerve block for treatment of knee osteoarthritis. https://evidence.hayesinc.com. Published December 7, 2023. Updated December 4, 2025.

77. symplr Software LLC. Health Technology Assessment. Sacroiliac joint injection with corticosteroids for treatment of sacroiliac joint and low back pain. https://evidence.hayesinc.com. Published June 13, 2023. Updated June 10, 2026.

78. symplr Software LLC. Health Technology Brief. Epidural injection of Enbrel (etanercept; Immunex Corp.) for treatment of low back pain due to lumbar disc disease. https://evidence.hayesinc.com. Published December 23, 2013. Updated December 9, 2015.

79. symplr Software LLC. Medical Technology Directory. Epidural steroid injections for cervical radiculopathy. https://evidence.hayesinc.com. Published February 28, 2019. Updated February 3, 2022.

80. symplr Software LLC. Medical Technology Directory. Epidural steroid injections for low back pain and sciatica. https://evidence.hayesinc.com. Published January 30, 2013. Updated January 6, 2017.

81. symplr Software LLC. Medical Technology Directory. Trigger point injections for myofascial pain. https://evidence.hayesinc.com. Published December 24, 2013. Updated December 19, 2017.

82. Torkian P, Golzarian J, Chalian M, et al. Osteoarthritis-related knee pain treated with genicular artery embolization. *Orthop J Sports Med.* 2021;9(7):1-15.

83. UpToDate, Inc. Acute lumbosacral radiculopathy: treatment and prognosis. https://uptodate.com. Reviewed June 2026.

84. UpToDate, Inc. Coccydynia (coccygodynia). https://uptodate.com. Reviewed June 2026.

85. UpToDate, Inc. Complex regional pain syndrome in adults: treatment, prognosis, and prevention. https://uptodate.com. Reviewed June 2026.

86. UpToDate, Inc. Fibromyalgia: treatment in adults. https://uptodate.com. Reviewed June 2026.

87. UpToDate, Inc. Iliotibial band syndrome. https://uptodate.com. Reviewed June 2026.

88. UpToDate, Inc. Interventional therapies for chronic pain. https://uptodate.com. Updated June 22, 2026.

89. UpToDate, Inc. Investigational approaches to the management of osteoarthritis. https://uptodate.com. Reviewed June 2026.

90. UpToDate, Inc. Lumbar spinal stenosis: treatment and prognosis. https://uptodate.com. Reviewed June 2026.

91. UpToDate, Inc. Management of moderate to severe knee osteoarthritis. https://uptodate.com. Reviewed June 2026.

92. UpToDate, Inc. Management of non-radicular neck pain in adults. https://uptodate.com. Updated June 8, 2026.

93. UpToDate, Inc. Overview of anesthesia. https://uptodate.com. Reviewed June 2026.

94. UpToDate, Inc. Overview of peripheral nerve blocks. https://uptodate.com. Reviewed June 2026.

95. UpToDate, Inc. Plantar fasciitis. https://uptodate.com. Reviewed June 2026.

96. UpToDate, Inc. Post-herniorrhaphy groin pain. https://uptodate.com. Reviewed June 2026.

97. UpToDate, Inc. Postherpetic neuralgia. https://uptodate.com. Reviewed June 2026.

98. UpToDate, Inc. Subacute and chronic low back pain: nonsurgical interventional treatment. https://uptodate.com. Reviewed June 2026.

99. UpToDate, Inc. Tendinopathy: overview of management. https://uptodate.com. Updated June 16, 2026.

100. UpToDate, Inc. Treatment and prognosis of cervical radiculopathy. https://uptodate.com. Reviewed June 2026.

101. UpToDate, Inc. Treatment of acute low back pain. https://uptodate.com. Reviewed June 2026.

102. UpToDate, Inc. Ultrasound for peripheral nerve blocks. https://uptodate.com. Updated July 10, 2026.

103. US Department of Veterans Affairs (VA). VA/DoD Clinical Practice Guidelines. Diagnosis and treatment of low back pain. https://va.gov. Published 2022.

104. US Department of Veterans Affairs (VA). VA/DoD Clinical Practice Guidelines. Non-surgical management of hip & knee osteoarthritis. https://va.gov. Published 2020.

Appendix

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, 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)[16]; 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).[9]

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

02/03/2026 New Policy
08/04/2026 Annual Review, Coverage Change. Updated Coding Information. Title Change. Version 003