# 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, allowing the treatment of 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)**

## Facet Joint 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[15] and must be performed under CT- or fluoroscopy-guidance. If the pain is relieved, the physician will know that the facet joint is likely to be the source of pain.

## Regional Sympathetic Nerve Blocks

Regional sympathetic nerve blocks are 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.

## 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 a TPI is to relax the area of intense muscle spasm, effectively inactivate the trigger point and provide prompt symptomatic pain relief.

**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. **(Refer to Coverage Limitations section)**

**Peripheral Nerve Block**
Peripheral nerve blocks consist of injection of 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 (ie, not injecting a medication to block a nerve), but is used to treat knee pain as a result of 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)**

## 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**
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 **ALL** of the following:
  - Activity/lifestyle modification; **AND**
  - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics) if medically appropriate and not contraindicated; **AND**
  - 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 assure 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**

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 (including, but may not be limited to Compuflo Epidural 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

**Facet Joint Injections/Medial Branch Nerve Blocks**
Humana members may be eligible under the Plan for ***diagnostic*** **facet joint injections** or **medial branch nerve blocks** for back or neck pain when facet joint syndrome is suspected, and **ALL** of the following criteria are met:

- *Absence* of nonfacet pathology per clinical assessment or radiology imaging that could explain the source of the pain (including, but may not be limited to, fracture, infection, significant spinal deformity or tumor); **AND**

- *Absence* of radiculopathy; **AND**

- Failure to improve after 6 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including **ALL** of the following:

  - Activity/lifestyle modification; **AND**

  - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated; **AND**

  - PT, including HEP; **AND**

- A second confirmatory injection is to be done IF the first injection was successful (at least 80% pain relief with the duration being consistent with the agent being used for the injection); the second injection should be no sooner than 3 weeks after the first, **AND** at the same level(s) as the initial injection; **AND**

- No more than 3 levels of facet joint injections per side, per anatomical region may be injected per session; **AND**

- Pain that is aggravated by extension, rotation or lateral bending of the spine and is not typically associated with neurological deficits; **AND**

- Real-time imaging guidance (CT scan or fluoroscopy) must be used to assure proper needle placement

## Coverage Limitations

**Facet Joint Injections, Medial Branch Nerve Blocks**
Humana members may **NOT** be eligible under the Plan for **facet joint injections** or **medial branch nerve blocks** 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**

- A second confirmatory/diagnostic injection if the first was not successful (at least 80% pain relief with the duration being consistent with the agent being used for the injection); **OR**

- Diagnostic facet joint injections/medial branch nerve blocks performed without a plan to perform radiofrequency ablation if the block were to be successful; **OR**

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

- ***Therapeutic*** facet joint injections/medial branch blocks (for the TREATMENT of back or neck pain); **OR**

- When other types of injections are performed on the same date of service including, but not limited to, epidural steroid 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 facet joint injections or medial branch nerve 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 diagnostic facet joint injection or medal branch nerve 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

**Regional Sympathetic Nerve Blocks**
Humana members may be eligible under the Plan for **regional sympathetic nerve blocks** when the following criteria are met[27]:

- Diagnosis when sympathetically mediated CRPS is suspected as evidenced by **ALL** of the following criteria being met:
  - Continued, ongoing pain, disproportionate to any inciting event (eg, surgery, trauma); **AND**
  - **ONE** or more symptoms from **EACH** of the following categories:
    - Sensory: hyperesthesia, allodynia
    - Vasomotor: temperature asymmetry, skin color changes, skin color asymmetry
    - Sudomotor/edema: edema, sweating changes, sweating asymmetry
    - Motor/trophic: decreased range of motion (ROM), motor dysfunction (weakness, tremor, dystonia), trophic changes (hair, nails, skin); **AND**
  - **ONE** or more findings on physical exam in **TWO** or more of the following categories:
    - Sensory: evidence of hyperalgesia (to pinprick), allodynia (to light touch)
    - Vasomotor: evidence of temperature asymmetry, skin color changes, skin color asymmetry
    - Sudomotor/edema: evidence of edema, sweating changes, sweating asymmetry
    - Motor/trophic: evidence of decreased ROM, motor dysfunction (weakness, tremor, dystonia), trophic changes (hair, nails, skin); **AND**
- Real-time imaging guidance (CT scan or fluoroscopy) must be used to assure proper needle placement for either diagnostic or therapeutic injections; **AND**
- Utilization of these blocks is to be with the intent to allow participation in an active rehabilitation program

**Diagnostic Phase:**
- A diagnostic block is performed to confirm (or disprove) the presence of sympathetically mediated CRPS; **AND**

- A second diagnostic block may be performed if the initial block was successful (a 50% reduction in pain and improved function) and if performed within the first 2 weeks of the initial block; **AND**

- If the diagnostic phase is completed and unsuccessful (less than 50% pain relief and no improvement in function), no further injections will be covered

**Therapeutic Phase:**

- If the diagnostic phase is completed and successful (at least a 50% reduction in pain and improvement in function), therapeutic injections may be initiated; **AND**

- Up to a maximum of 6 total blocks may be performed at a frequency of no more than one per week (per rolling 12 month period):

**AND** all of the following:

  - A 50% reduction in pain is achieved; **AND**

  - Decrease in pain medication use; **AND**

  - Improved/increased functional ability (increased ROM, strength and use of the extremity in activities of daily living [ADLs], increased tolerance to touch); **AND**

  - Ongoing participation in an active rehabilitation program

## Coverage Limitations

**Regional Sympathetic Nerve Blocks**

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

- Diagnostic block was not successful (less than 50% reduction in pain); **OR**

- Individual is not capable of or willing to participate in an ongoing, active rehabilitation program; **OR**

- Regional sympathetic nerve blocks performed *without* imaging guidance; **OR**

- Repeat therapeutic block when there has not been any decrease in pain medication use, increased function/participation in ADLs or increased tolerance to touch; **OR**

- When other types of injections are performed on the same date of service including, but not limited to, epidural steroid injections, facet joint blocks/medial branch nerve blocks, 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.

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 regional sympathetic nerve 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 diagnostic or therapeutic regional sympathetic nerve 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**
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 **ALL** of the following:
    - Activity/lifestyle modification; **AND**
    - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated; **AND**
    - PT, including HEP; **AND**
- Positive response (reproduction of individual's typical SIJ pain) to at least 2 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 assure 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 an 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**

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**
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:

- Presence of symptomatic palpable trigger point(s); **AND**

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

  - Activity/lifestyle modification; **AND**

  - Medications (eg, NSAIDs, non-narcotic analgesics) if medically appropriate and not contraindicated; **AND**

  - 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**
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 **dry needling of trigger points** (needle insertion without injection). This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

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; **OR**
- Coccygeal nerve block; **OR**
- Ganglion impar block; **OR**
- Genicular artery embolization; **OR**
- Genicular nerve block; **OR**
- Iliotibial (IT) band injection; **OR**
- Intradiscal injection with **ANY** substance (eg, allogenic cellular product, allogenic tissue-based product, mesenchymal stem cells, methylene blue, notochordal cell-derived matrix, oxygen/ozone, platelet rich plasma [PRP], steroids, tumor necrosis factor [TNF] alpha, VIA disc allograft [may also be referred to as VIA disc matrix]); **OR**
- Obturator nerve block; **OR**
- Paravertebral block for chronic pain (paravertebral blocks *may* be appropriate when used for immediate postoperative pain management, for specific surgical procedures, however, this indication is outside of the scope of this Medical Coverage Policy); **OR**
- Pedicle screw block/hardware block of instrumentation used in spinal fusions; **OR**

- Pudendal nerve block; **OR**
- Repetitive peripheral nerve blocks for chronic nonmalignant pain; **OR**
- Sacrococcygeal junction/sacrococcygeal ligament injection (for any indication, including coccydynia); **OR**
- Splanchnic nerve block

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

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 | |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) | |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles | |
| 20999 | Unlisted procedure, musculoskeletal system, general | |
| 22899 | Unlisted procedure, spine | |
| 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) | |
| 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) | |
| 64999 | Unlisted procedure, nervous system | |
| **CPT® Category III Code(s)** | **Description** | **Comments** |
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level | |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) | |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) | |
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level | |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) | |

| | | |
|---|---|---|
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | |
| **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
Facet Joint Injection/Medial Branch Block
Regional Sympathetic Nerve Block
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
Dry Needling of Trigger Points

### 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).

**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)[Error! Reference source not found.]; 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).[Error! Reference source not found.]

**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, 2024, the rolling 12 month period would end July 31, 2025).

**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.