

Spinal and Other Pain Management Procedures, Surgical 119

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Description & Definitions:

Spinal and Other Pain Management Procedures address interventions to include injections, blocks, ablation/denervation, arthroplasty and hardware placement or removal for acute and chronic pain.

Criteria:

Spinal and Other Pain Management Procedures are **considered medically necessary** for **1 or more** of the following:

- **Facet joint injection** may be indicated for **1 or more** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
 - o Initial injection (*Diagnostic*) (medial branch nerve block, intra-articular injection) needed to confirm facet joint as source of severe chronic neck and back pain from C2-3 to L5-S1 spinal pain, as indicated by **ALL** of the following:
 - Absence of neurological concerns
 - Pain confirmed on physical exam
 - Imaging (i.e. X-ray) studies do not identify other indications
 - Activities of daily living have been affected/limited by pain
 - Pain has been present greater than 3 months
 - Failed conservative treatment of at least 6 weeks
 - Radiofrequency facet neurotomy is being considered
 - No more than 3 levels of facet joint session
 - Symptoms of pain should be 1 or more of the following

- Aggravated by extension
 - Aggravated by side bending or twisting
- Second (*Confirmatory diagnostic*) injection block (dual diagnostic blocks are necessary to diagnose facet pain) if documentation indicates first diagnostic block produced 80% or greater relief of primary (index) pain, and duration of relief is consistent with agent employed.
- **Intra-articular (IA) facet joint injection** with synovial cyst aspiration, indicated by **1 or more** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
 - Initial procedure, as indicated by ALL of the following
 - Advanced diagnostic imaging study (eg, MRI/CT/myelogram) confirms compression or displacement of corresponding nerve root by facet joint synovial cyst.
 - Documentation includes all symptoms including clinical and physical associated with synovial facet cyst
 - Single repeat cyst aspiration/rupture for individual who experienced $\geq 50\%$ or more consistent improvement in pain for at least 3 months
- **Radiofrequency facet neurotomy** may be indicated when **ALL** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
 - Chronic spinal pain (at least 3 months' duration) originating from **1 or more** of the following:
 - Cervical spine (eg, following whiplash injury)
 - Thoracic spine
 - Lumbar spine
 - Failure of nonoperative management, as indicated by **1 or more** of the following:
 - Exercise program
 - Pharmacotherapy
 - Physical therapy or spinal manipulation therapy
 - Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves achieve at least 80% pain relief from baseline pain scores
 - Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor)
 - Limited number of prior facet neurotomies as indicated by **1 or more** of the following
 - No prior history of facet neurotomy
 - Prior history of successful facet neurotomy (50% or more reduction in pain documented for at least 3 months)
 - No coagulopathy
 - No current infection
 - Individual has not had more than one radiofrequency facet neurotomy session per covered spinal region performed in prior rolling 6 months.
- **Nerve Blocks** (injections, blocks, planes and blockades) as indicated by **1 or more** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG's Ambulatory Surgery or Procedure criteria located at the bottom of this section:
 - **Adductor canal block** for manipulation of the knee under anesthesia and post-operative pain control after arthroscopic tibiotalar arthrodesis, anterior cruciate ligament reconstruction, total ankle arthroplasty, and total knee arthroplasty; (64447, 64448)
 - **Axillary approach to brachial plexus block** for post-operative pain control after surgery in the forearm, hand, and wrist; to provide additional analgesia to the shoulder (64415, 64416)
 - **Bier block** for carpal tunnel surgery; (64999)
 - **Celiac nerve block** for the treatment of commonly performed for diagnosis and therapy; cancer/malignancy pain; (64680)

- **Cervical plexus block** (superficial and deep) for post-operative analgesia after anterior cervical discectomy fusion, and for neck surgery (e.g., thyroid surgery) and regional anesthesia for carotid endarterectomy; (64999)
- **Erector spinae plane (ESP) block** for post-operative pain control for breast reconstruction, lumpectomy, modified radical mastectomy, thoracic fusion, or for postoperative pain control in non-complex lumbar spine surgeries, mastectomy, after resection lung mass, segmentectomy, lumbar spinal surgery, and mediastinal lymph node dissection; (64999)
- **Fascia iliaca block** for amputations are below-knee-amputation (BKA) and above-knee-amputation (AKA), acute hip fracture, and post-operative pain control following hip (including arthroscopic hip surgery) and knee surgeries; (64450)
- **Femoral nerve blocks** for acute post-operative pain after knee replacement surgery; (64447)
- **Femoral-sciatic nerve block** for lower limb surgeries; (64445 – 64448)
- **Ganglion impar block** for the treatment of chronic anorectal pain associated with radiation proctitis for failed conservative management (e.g., pain medication, and topical antispasmodics); treatment of chronic coccydynia in adults. (64999)
- **Genitofemoral nerve block** for the treatment of chronic pelvic/suprapubic pain; (64999)
- **Glossopharyngeal block** for Glossopharyngeal neuralgia, and Awake tracheal intubation (ATI) (64999)
- **Infra-Alveolar** (Inferior Alveolar Nerve Block, V3) for refractory facial/jaw pain for failed conventional pain medications (e.g., NSAIDs including Toradol); (64400)
- **Infraclavicular nerve block** in upper extremity surgery; (deep block) - used for anesthesia and/or analgesia for surgery of forearm, wrist, hand, and fingers. (64999)
- **Intercostal nerve blocks** for acute intercostal pain, and for chronic chest wall pain as part of a comprehensive pain management program; trauma, cancer, post herpetic neuralgia, iatrogenic following thoracotomy or chest tube placement. (64420 – 64421)
- **Intercostobrachial nerve block** for management of tourniquet pain during surgery and post mastectomy pain (64415)
- **Interscalene/suprascapular nerve block** for pain control in shoulder surgeries; (64415, 64416, 64418)
- **IPACK (infiltration between popliteal artery and capsule of the knee) block** for pain control following ankle arthroplasty, anterior cruciate ligament repair, knee arthroscopy, medial meniscectomy, or total knee arthroplasty; (64999)
- **Lateral femoral cutaneous nerve (LFCN) block** for meralgia paresthetica (lateral femoral cutaneous nerve entrapment) and pain control after total hip arthroplasty (THA); (64450)
- **Lumbar plexus block** for post-operative pain control after THA; (64520)
- **Neuraxial/caudal block** for post-operative pain management in infants and children; (64999)
- **PECS II block** for mitral valve replacement, and post-operative pain control after shoulder surgery; (64466 - 64469)
- **Pecto-intercostal fascial block** for management of post-operative pain after cardiothoracic surgeries; (64999)
- **Pectoral plane nerve block** for post-operative pain control after breast cancer surgery/mastectomy; (64479)
- **Peripheral nerve blocks** (*continuous or single-injection*) for the treatment of acute pain, or for chronic pain only for comprehensive pain management programs; (64400 – 64450)
- **Pericapsular nerve group (PENG) block** for Total hip arthroplasty and peri-operative analgesia for hip fractures; (64447)
- **Phrenic block** for the treatment of refractory hiccups when conservative methods (e.g., bilateral pressure on external auditory meatus, fasting for 24 hours, induced vomiting, lavage, and massage of hard/soft palate junction) and pharmacotherapies (e.g., benzodiazepines, chlorpromazine, gabapentin, olanzapine or muscle relaxant) have failed; (64999)
- **Popliteal nerve block** for post-operative pain control after foot and ankle surgery; (64999)
- **Posterior tibial nerve block** for post-operative pain control after foot and ankle surgery; (64999)
- **Quadratus lumborum nerve block** for post-operative pain control after abdominal surgeries, bone grafting from the iliac crest, and total hip arthroplasty; (64999)
- **Radial nerve block** for post-operative pain control after carpometacarpal joint arthroplasty and De Quervain's tendon release; (64999)

- **Rectus sheath block** for post-operative pain control after cholecystectomy, and after cardiothoracic surgeries; (64486 – 64489)
- **Regional scalp block** for post-operative pain control for craniotomy procedures; (64405)
- **Saphenous nerve block** for post-operative pain management for surgeries in the lower leg and foot; (64447)
- **Splanchnic nerve block** for the treatment of provide pain relief in patients who fail to obtain relief or only achieve short term for chronic pancreatitis and different motility causes of abdominal pain, malignancies of the pancreas, liver, gallbladder, omentum, mesentery, and alimentary tract from the stomach to the large colon; (64680)
- **Stellate ganglion block (SGB)** for diagnosis and therapeutic treatment of sympathetically-mediated pain, refractory arrhythmias; (64510)
- **Superficial peroneal nerve block** for the treatment of chronic pain related to osteoarthritis of the ankle and foot; The ankle block is used for surgery on the foot and toes. (64999)
- **Suprascapular nerve (SPA) block** for pain control in shoulder surgeries, for the treatment of chronic upper extremity pain; (64999)
- **Transversus abdominis plane (TAP) block** for abdominal surgery; (64486 – 64489)
- **Transversalis fascia plane (TFP) block** is an ultrasound-guided for treatment of acute pain after anterior iliac crest bone graft harvesting, inguinal herniorrhaphy, caesarean section; and management of chronic post-herniorrhaphy pain. (64999)
- **Ultrasound (US)-guided celiac plexus block** for inoperable pancreatic cancer and abdominal pain requiring opioid analgesics, and as a “last resort” for pain from chronic pancreatitis that are refractory to high doses of opiates; (64463)
- **US-guided supraclavicular block** as regional anesthesia during surgeries and/or post-operative pain control to the distal two-thirds of the upper extremity, or from the mid-humerus to the fingertips. (64415, 64416)
- **Therapeutic steroid facet joint injection** as indicated by **1 or more** of the following are present and will be approved as ambulatory (outpatient) unless additional criteria are met as noted by MCG’s Ambulatory Surgery or Procedure criteria located at the bottom of this section:
 - Initial injection, as indicated by **ALL** of the following
 - Individual has had **2** medically reasonable and necessary diagnostic facet joint procedures
 - Each diagnostic procedure provided ≥ 80% relief of primary (index) pain, and duration of relief was consistent with agent used
 - Individual is not candidate for radiofrequency ablation (RFA) (such as established spinal pseudarthrosis, implanted electrical device)
 - Subsequent injection at same anatomic site, as indicated by **ALL** of the following
 - Individual met criteria for initial therapeutic facet joint injection
 - Initial therapeutic joint injection was effective, as indicated by **1 or more** of the following
 - Individual experienced ≥ 50% pain relief for ≥ 3 months from prior therapeutic procedure
 - Individual experienced ≥ 50% improvement in ability to perform previously painful movements and ADLs as compared to baseline measurement using same scale
 - Individual has not had more than 3 therapeutic facet joint sessions per covered spinal region performed in prior rolling 12 months

As noted in MCG’s Ambulatory Surgery or Procedure GRG PG-AS (ISC GRG):

This surgery or procedure will be traditionally approved ambulatory (outpatient), but may receive initial approval for Inpatient Care when **one or more of the following** are met:

- Inpatient care needed for clinically significant disease or condition identified preoperatively, as indicated by **one or more of the following**:
 - Severe infection
 - Altered mental status
 - Dangerous arrhythmia
 - Hypotension
 - Hypoxemia
- Complex surgical approach or situation anticipated, as indicated by **1 or more** of the following:

- Prolonged airway monitoring required (eg, severe obstructive sleep apnea, open neck procedure)
- Other aspect or feature of procedure that indicates a likely need for prolonged postoperative care or monitoring
- High patient risk identified preoperatively, as indicated by **1 or more** of the following:
 - American Society of Anesthesiologists class IV or greater American Society of Anesthesiologists (ASA) Physical Status Classification System
 - Severe frailty
 - Severe valvular disease (eg, severe aortic stenosis)
 - Symptomatic coronary artery disease, or heart failure
 - Symptomatic chronic lung disease (eg, COPD, chronic lung disease of prematurity)
 - Severe renal disease (eg, glomerular filtration rate (GFR) less than 30 mL/min/1.73m² (0.5 mL/sec/1.73m²) or on dialysis) eGFR - Adult Calculator
 - Morbid obesity (eg, body mass index greater than 40 BMI Calculator) with hemodynamic or respiratory problems (eg, severe obstructive sleep apnea, hypoventilation)
 - Complex chronic condition in children (eg, ventilator-dependent, neuromuscular, genetic, or immunologic disease)
 - Other patient condition or finding that places patient at increased anesthetic risk such that prolonged postoperative inpatient monitoring or treatment is anticipated
- Presence of drug-related risk identified preoperatively, as indicated by **1 or more** of the following:
 - Procedure requires discontinuing medication (eg, antiarrhythmic medication, antiseizure or anticoagulant medication), which necessitates preoperative or prolonged postoperative inpatient monitoring or treatment.
 - Preoperative use of drugs that may interact with anesthetic (eg, cocaine, amphetamines, monoamine oxidase inhibitor) such that prolonged postoperative monitoring or treatment is needed

Spinal and Other Pain Management Procedures are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- **Anterior cutaneous block** for anterior cutaneous nerve entrapment syndrome; (64999)
- **Anterior scalene/brachial plexus block** for management of chronic pain; (64415, 64416, 64418)
- **Auriculotemporal block** for temporomandibular joint disorder; (64400)
- **Axillary nerve block** (block of axillary nerve) for frozen shoulder (adhesive capsulitis), bicipital tenosynovitis, chronic shoulder pain, shoulder bursitis, or post-operative pain control after elbow surgery; (64417)
- **Calcaneal nerve block** for plantar fasciitis; (64400)
- **Clavipectoral fascial plane block** for post-op pain control after ORIF; (64999)
- **Cluneal nerve block** (including treatment of chronic pelvic pain); (64999)
- **Coccygeal ganglion** (ganglion impar) block for coccydynia, pelvic pain, (64999)
- **Cryoablation** (Cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain (64479 - 64484, 64999)
- **Epidural injections of lytic agents** (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications (64999)
- **Epidural steroid injections** for the treatment of non-radicular low back pain or spine pain (62320 - 62323)
- **Epiduroscopy** (including spinal myeloscopy, Percutaneous, endoscopic epidural lysis) (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications (64999)
- **Facet chemodenervation/chemical facet neurolysis** (64633 - 64636)
- **Facial nerve block** for the treatment of headache/neuralgia; (64999, 64615)
- **Functional anesthetic discography (FAD)** (64999)
- **Genicular nerve block/ ablation;** (64454)

- **Greater auricular nerve block** for headache; (64999)
- **Greater occipital nerve blocks** for the diagnosis and treatment of neck and upper back pain; (64405)
- **Ilioinguinal nerve block** for chronic pelvic pain syndrome; (64425)
- **Intercostal nerve blocks** for intercostal neuritis; (64420)
- **Intellicath** (a nerve-blocking device) for the treatment of chronic pelvic pain; (64999)
- **Intradiscal steroid injections**; (22899 or 64999)
- **Lateral branch blocks** to S1, S2, S3 and dorsal ramus of L5 for chronic sacroiliac joint dysfunction and failed back syndrome (64451)
- **Lateral pectoral nerve block** for shoulder pain; (64450)
- **Laser facet denervation**; (64999)
- **Lumbar paravertebral block** for post-operative pain control after transforaminal lumbar interbody fusion; (64520, 64999)
- **Median block** for post-operative pain control after carpal tunnel release; (64999)
- **Nerve hydrodissection** for the treatment of peripheral nerve entrapment; (64999)
- **Obturator nerve block** for treatment of chronic pain; (64999)
- **Paravertebral facet** (zygapophyseal) joint (or nerves innervating that joint) Injection(s), diagnostic or therapeutic agent, using ultrasound guidance; (64490 - 64495)
- **Paravertebral nerve block** for periacetabular osteotomy and diagnostic hip arthroscopy, post-operative pain management after diagnostic hip arthroscopy and periacetabular osteotomy, and treatment of chronic pain; (64999)
- **Pectoralis block** for post-operative pain control after shoulder surgery; (64450)
- **Pectoralis minor nerve block** for pectoralis minor syndrome and thoracic outlet syndrome; (64450)
- **Peripheral nerve blocks** (e.g., greater occipital (GON), supratrochlear (STN), and supraorbital (SON) nerve blocks) for the treatment of post-herpetic neuralgia, and prevention or treatment of headaches including (migraine headaches and treatment-refractory migraine in pregnancy), and for the treatment of short-lasting unilateral neuralgiform headaches; (64400)
- **Percutaneous lysis** of epidural adhesions using solution injection (62263, 62264)
- **Popliteal nerve block** for post-operative pain control after anterior cruciate ligament repair; (64999)
- **Posterior femoral cutaneous nerve block** for the management of pelvic pain, myofascial pain syndrome, and vaginismus; (64999)
- **Pudendal nerve block** for the management of chronic pelvic pain, myofascial pain syndrome, testicular pain, vaginismus, and vulvodynia/vestibulitis; (64430)
- **Racz procedure** (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications (62263, 62264)
- **Quadratus lumborum nerve block** for post-operative pain control after lumbo-sacral fusion, and total knee arthroplasty; (64999)
- **Serratus anterior plane block** for the management of post-operative pain/post-thoracotomy pain/after lung transplantation via anterolateral incision; (64450)
- **Sphenopalatine nerve block** for diagnosis of atypical facial pain; (64505)
- **Spinal accessory nerve block** for the treatment of neck pain and upper back pain; post-operative pain control; (64999)
- **Sub-occipital nerve block**; (64999)
- **Superior hypogastric nerve block** for neurogenic pelvic pain and pain relief following abdominal hysterectomy; (64517)
- **Superior laryngeal nerve block** for chronic cough, glottal fry, laryngeal dehydration, laryngeal hypersensitivity, and throat pain; (64408)
- **Supraorbital nerve block** for the diagnosis of headaches, post-operative pain control after ventriculo-peritoneal shunt placement, and treatment of temporomandibular joint (TMJ) disorder; (64400)
- **Supratrochlear nerve block** for diagnosis and treatment of headache/neuralgia; (64400)
- **Sural nerve block** for the treatment of foot pain including chronic pain related to osteoarthritis of the ankle and foot, and neuritis; (64999)
- **Thoraco-lumbar interfascial plane (TLIP) nerve block** for post-operative pain management after spine surgeries; (64466 -64469, 64473-64474, 64999)
- **Tibial nerve block** before a plantar fascia injection and for the treatment of hallux rigidus; (64999)
- **Transverse thoracic block** for open inguinal hernia repair, and post-operative pain control after medial sternotomy; (64425, 64999)
- **US-guided erector spinae plane (ESP) block** for the management of chronic myofascial pain syndrome, and post-operative pain. (64999)

Document History:

Revised Dates:

- 2025: January – criteria updated references updated
- 2024: July – Annual review completed. Criteria updated, some items move to different policies, coding and reference updated.
- 2022: July, October, November
- 2020: September
- 2016: April
- 2015: February, May, September
- 2014: January, June, August, November
- 2013: May, June
- 2012: February, May
- 2011: May, June, November
- 2010: May
- 2009: May
- 2008: May
- 2006: October
- 2004: September
- 2002: August

Reviewed Dates:

- 2023: July
- 2021: September
- 2019: April
- 2018: November
- 2017: December
- 2016: May
- 2014: May
- 2010: April
- 2007: December
- 2005: February, October
- 2004: July
- 2003: July

Effective Date: May 2002

Coding:

Medically necessary with criteria:

Coding	Description
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)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
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)
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
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)
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves
64430	Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

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)
64488	Transversus abdominis plane (TAP) block
64505	Injection, anesthetic agent; sphenopalatine ganglion
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64999	Unlisted procedure, nervous system
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
 - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
 -
- Special Notes:
 - Medicaid

- This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
- Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

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Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

SHP Facet Joint Procedures, SHP Surgical 119, facet joint pain, Cryoablation, cryoanesthesia, cryodenervation, cryoneurolysis, cryosurgery, Facet chemodenervation, chemical facet neurolysis, Facet joint implantation, Total Posterior-element System, TOPS, Premia Spine, Total Facet Arthroplasty System, TFAS, ACADIA Facet Replacement System, Laser facet denervation, spinal stenosis