

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:

This policy addresses interventional spinal and other pain management procedures, to include injections, blocks, and facet joint ablation/denervation, and sclerotherapy.

Criteria:

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

- Facet joint injection (64490, 64491, 64493, 64494) may be covered for **ALL** of the following:
 - Procedure is clinically appropriate, as indicated by **ALL** of the following:
 - Moderate to severe chronic neck or low back pain
 - Pain is predominantly axial.
 - Pain causes functional deficit as measured on pain or disability scale.
 - Pain present for minimum of 3 months with documented failure to respond to noninvasive conservative management (as tolerated)
 - Absence of untreated radiculopathy or neurogenic claudication (except for radiculopathy caused by facet joint synovial cyst)
 - There is no non-facet pathology per clinical assessment or radiology study that could explain source of patient's pain (including but not limited to fracture, tumor, infection, or significant deformity).
 - Scale(s) used to measure pain and/or disability are documented in medical record.
 - Procedure is **1 or more** of the following:
 - Diagnostic facet joint injection, as indicated by **1 or more** of the following:
 - Initial medial branch block (MBB) to diagnose facet pain
 - Second confirmatory MBB to diagnose facet pain for **ALL** of the following:
 - Performed minimum of 2 weeks after initial diagnostic procedure or exception to 2-week duration documented in medical record

- Patient met criteria for initial diagnostic procedure.
 - Documentation indicates first MBB produced $\geq 80\%$ relief of primary (index) pain, and duration of relief is consistent with agent used.
- Initial intra-articular (IA) facet block to diagnose facet pain, as indicated by **1 or more** of the following:
 - Diagnostic MBB cannot be performed due to specific documented anatomic restrictions.
 - There is indication to proceed with therapeutic IA injection.
- Second confirmatory IA facet block to diagnose facet pain for **ALL** of the following:
 - Performed minimum of 2 weeks after initial diagnostic procedure or exception to 2-week duration documented in medical record
 - Patient met criteria for initial diagnostic procedure.
 - Documentation indicates first IA facet block produced $\geq 80\%$ relief of primary (index) pain, and duration of relief is consistent with agent used.
- Therapeutic facet joint injection (IA or MBB), as indicated by **1 or more** of the following:
 - Initial injection, as indicated by **ALL** of the following:
 - Patient has had 2 medically reasonable and necessary diagnostic facet joint procedures.
 - Each diagnostic procedure provided $\geq 80\%$ relief of primary (index) pain, and duration of relief was consistent with agent used.
 - Patient 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:
 - Patient met criteria for initial therapeutic facet joint injection.
 - Initial therapeutic joint injection was effective, as indicated by **1 or more** of the following:
 - Patient experienced $\geq 50\%$ pain relief for ≥ 3 months from prior therapeutic procedure.
 - Patient experienced $\geq 50\%$ improvement in ability to perform previously painful movements and ADLs as compared to baseline measurement using same scale.
- Thermal radiofrequency destruction of cervical, thoracic, or lumbar paravertebral facet joint (median branch) nerves (64633, 64635, 64636), as indicated by **1 or more** of the following:
 - Initial thermal RFA, as indicated by **ALL** of the following:
 - Patient has had ≥ 2 medically reasonable and necessary diagnostic MBBs.
 - Each diagnostic MBB provided $\geq 80\%$ relief of primary (index) pain, and duration of relief was consistent with agent used.
 - Repeat thermal RFA at same anatomic site, as indicated by **ALL** of the following:
 - Patient met criteria for initial thermal RFA procedure.
 - Initial therapeutic thermal RFA was effective, as indicated by **1 or more** of the following:
 - Patient experienced $\geq 50\%$ improvement in pain for ≥ 6 months.
 - Patient experienced $\geq 50\%$ improvement in ability to perform previously painful movements and ADLs as compared to baseline measurement using same scale.
- IA facet joint injection with synovial cyst aspiration, as indicated by **1 or more** of the following:
 - 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^U synovial cyst.
 - Clinical and physical symptoms related to synovial facet cyst are documented.

- Single repeat cyst aspiration/rupture for same individual cyst for patient who experienced $\geq 50\%$ consistent improvement in pain for at least 3 months
 - Appropriate use of moderate sedation, as indicated by **1 or more** of the following:
 - Moderate sedation not used
 - Moderate sedation used and **ALL** of the following:
 - Sedation used for RFA or facet cyst rupture/aspiration
 - Usage determined on individual basis (ie, not routinely performed)
 - Documentation of medical necessity (eg, longstanding well-documented history of inability to cooperate, medical condition that would prohibit performance of procedure, or inability to remain motionless)
- Headache treatments may be indicated when for **ALL** of the following:
 - Occipital (64405) and trigeminal (64400) nerve block for **ALL** of the following:
 - Individuals with poor tolerance to medications and treatment is for **1 or more** of the following:
 - Occipital and trigeminal neuralgia
 - Prolonged migraine
 - Cervicogenic cluster migraine headaches if conservative treatments have failed
 - Treatment has not been given in the last 6 weeks.
- Sacroiliac Joint Injections (SIJ) (64451) with **ALL** of the following:
 - Moderate to severe low back pain primarily experienced over the anatomical location of the SIJs between the upper level of the iliac crests and the gluteal fold,
 - Low back pain duration of at least 3 months, AND
 - Low back pain below L5 without radiculopathy, AND
 - Clinical findings and/or imaging studies do not suggest any other diagnosed or obvious cause of the lumbosacral pain (such as central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, or pain related to spinal instrumentation), AND
 - At least 3 positive findings with provocative maneuvers: FABER, Gaenslen, Thigh Thrust or Posterior Shear, SI Compression, SI Distraction and Yeoman Tests,^{3,4} AND
 - Low back pain persists despite a minimum of 4 weeks of conservative therapies.
- Nerve Blocks (injections, blocks, planes and blockades) as indicated by **1 or more** of the following:
 - 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; (64530, 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; (64466, 64467, 64468, 64469, 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; (64473, 64474)
 - Femoral nerve blocks for acute post-operative pain after knee replacement surgery; (64447)
 - Femoral-sciatic nerve block for lower limb surgeries; (64445, 64446, 64447, 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; (64449, 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, 64467, 64468, 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, 64405, 64408, 64435, 64450, 64455)
- 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, 64487, 64488, 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; (64418)
- Transversus abdominis plane (TAP) block for abdominal surgery; (64486, 64487, 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, 64530)
- 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)

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)
- 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, 64480, 64483, 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 myelotomy, Percutaneous, endoscopic epidural lysis) (also known as epidural myelotomy, epidural spinal endoscopy, myelotomy, 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)
- Infrared therapy and low-level laser treatment, to include infrared gloves, for musculoskeletal pain (ie low back, neck and arthritis) (97206)
- 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)
- Joint sclerotherapy
- 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, 64491, 64492, 64493, 64494, 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)
- Prolotherapy (M0076)
- 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)
- Reconstructive Ligament Therapy with Injections of Sclerosing Agents
- 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, 66447, 66448, 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)

Cryoablation for any of the following are considered **not medically necessary** (0440T, 0441T, 0442T):

- Back pain (acute or chronic) including but not limited to that attributed to facet or SI etiologies
- Cryoneurolysis nerve block
- Hip pain
- Intercostal nerves

- Knee pain
- Plantar fasciitis or plantar fibroma

Document History:

Revised Dates:

- 2026: January – Implementation date of May 1, 2026. Added not medically necessary cryoablation indications with the following codes 0440T, 0441T, and 0442T from Surgical 82 – Cryoablation.
- 2025: September – Implementation date of January 1, 2026. Updated codes.
- 2025: August – Implementation date of December 1, 2025. Added sclerotherapy and prolotherapy from Medical 108 to policy.
- 2025: July – Implementation date of October 1, 2025. Annual review completed. Criteria updated to include Sacroiliac joint injections.
- 2025: March – Implementation date of June 1, 2025. 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

Origination Date: May 2002

Coding:

Medically necessary with criteria:

Coding	Description

64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64408	Injection(s), anesthetic agent(s) and/or steroid; vagus nerve
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed
64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
64418	Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)
64435	Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve
64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed
64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed
64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed
64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)
64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed
64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed
64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed
64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic;
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)

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)
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
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)
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64999	Unlisted procedure, nervous system

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)
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
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
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
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed
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)
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)
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)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
97026	Application of a modality to 1 or more areas; infrared

E1399	Durable medical equipment, miscellaneous
M0076	Prolotherapy

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.

Policy Approach and 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 Virginia Medicaid Products
- Authorization requirements
 - Precertification required by Plan
- Special Notes:
 - 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. [EPSDT Supplement B \(updated 5.19.22\) Final.pdf](#)
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

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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