



PARAMOUNT

ADVANTAGE | ELITE | HMO
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Interventional Pain Management Injections: Sacroiliac, Epidural Steroid, Facet and Trigger Point

Policy Number: PG0354

Last Review: 04/27/2022

GUIDELINES

- **This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.**
- **Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.**
- **This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.**

SCOPE

Professional

Facility

DESCRIPTION

Facet Joint Injections

Facet joint injections/facet blocks (e.g., medial branch blocks) have been used to treat back pain and/or to help determine whether the facet joint is a source of pain. Facet joints (i.e., zygapophysial joints) are located in the posterior compartment of the spinal column, and provide stability and allow the spine to bend and twist. Facet joints are well innervated by the medial branches of the dorsal rami, and can be subjected to significant strain during spine loading. Facet joints are thought to be a common source of chronic back pain.

A diagnostic facet joint injection involves fluoroscopy-guided injection of local anesthetic with or without a steroid into the facet joint or around the nerve supply to the joint (i.e., medial branch nerve). A diagnostic facet joint injection may be used to identify the source of spinal pain. If pain is relieved following the injection, the pain is presumed to be of facet joint origin, although the accuracy of this diagnostic method has not been definitely determined. Therapeutic facet joint injections of an anesthetic and corticosteroid have been proposed as treatment of pain considered to be of facet joint origin (i.e., significant relief following a diagnostic injection).

Facet joint injections are preferentially performed as fluoroscopy or computed tomography (CT) controlled interventions. Ultrasound provides real-time monitoring, does not produce ionizing radiation, and is broadly available. Currently, there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of ultrasound guidance for injection therapy.

Trigger Point Injections

Trigger point injections (TPI) are injections of saline or 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. TPI is the most common interventional technique used in pain medicine.

Trigger points have also been treated with dry needling. Dry needling is not to be confused with traditional Chinese 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 decreasing the associated pain. Dry needling, even though it targets a trigger point, also differs from a trigger point injection, as there is no injection of medication or

fluid.

Sacroiliac Joint Injections

The sacroiliac (SI) joints are located between the iliac bones and the sacrum, connecting the spine to the hips. The primary function of the sacroiliac joints is to absorb shock between the upper body and the pelvis and legs. Dysfunction may occur when there is either abnormal stress on normal tissue or normal stress on abnormal tissue. Common tissue abnormalities are osteoarthritic changes, ligamentous laxity and defects due to repetitive strain, chondromalacia, and capsular disruption, among others. Dysfunction in the SI joint can sometimes cause lower back and/or leg pain.

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 it may be performed to treat SI joint pain that has previously been detected/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.

Epidural Injections

An epidural steroid injection is an injection of long lasting steroid in the epidural space, which is the area that surrounds the spinal cord and the nerves coming out of it. Epidural injections should be used in combination with other active conservative treatment modalities and not as stand-alone treatment for long-term back pain relief. An epidural steroid injection 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. A combination of an anesthetic and a steroid medication is injected into the epidural space near the affected spinal nerve root with the assistance of fluoroscopy, which allows the physician to view the placement of the needle.

Approaches to the epidural space for the injection include:

- Caudal – the epidural needle is placed into the tailbone (coccyx) 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).
- Cervical – the epidural needle is placed in the midline in the back of the neck to treat neck pain, which is associated with radiation of pain into an upper extremity (cervical radiculopathy).
- Interlaminar – the needle is placed between the lamina of two vertebrae directly from the middle of the back. Also called translaminar, this method accesses the large epidural space overlying the spinal cord, and is the most commonly used approach for cervical, thoracic, and lumbar epidural injections. Medication is delivered to the nerve roots on both the right and left sides of the inflamed area at the same time.
- Lumbar – the epidural needle is placed in the midline in the low back to treat back pain, which is associated with radiation into a lower extremity (lumbar radiculopathy).
- Thoracic – the epidural needle is placed in the midline in the upper or middle back.
- Transforaminal – the needle is placed to the side of the vertebra in the neural foramen, just above the opening for the nerve root and outside the epidural space; this method treats one side at a time.

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.

POLICY

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Effective 6/1/2022

- **Facet joint injections**
- **Sacroiliac joint injections**
- **Epidural injections**

Do not require Prior Authorization when the medical indication coverage criteria listed below is supported.

HMO, PPO, Individual Marketplace, Advantage,

Requires Prior Authorization - when more than one spine level/site is injected on same date-of-service, Outpatient services only

- ~~Facet joint injections (64491, 64492, 64494, 64495)~~
- ~~Epidural injections (62320-62323 when more than one level is injected on the same date-of-service, 64480, 64484)~~

Does not require Prior Authorization

- ~~Facet joint injections (64490, 64493)~~
- ~~Sacroiliac joint injections (27096, 64451, G0260)~~
- ~~Epidural injections (62320-62323 when only one level/site is injected on same date-of-service, 64479, 64483)~~

Elite/ProMedica Medicare Plan

Effective 1/1/2020: Requires Prior Authorization - when more than one spine level/site is injected on same date-of-service, Outpatient services only

- ~~Facet joint injections (64491, 64492, 64494, 64495)~~
- ~~Epidural injections (62320-62323 when more than one level is injected on the same date-of-service, 64480, 64484)~~

Does not require a Prior Authorization when the selection criteria listed are present:

- ~~Facet joint injections (64490, 64493)~~
- ~~Sacroiliac joint injections (27096, 64451, G0260)~~
- ~~Epidural injections (62320-62323 when only one level/site is injected on same date-of-service, 64479, 64483)~~

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Does not require Prior Authorization when the selection criteria listed are present:

- Trigger point injections (20552, 20553)

For Bilateral Site Procedures use modifier 50, single line, unit of 1.

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Non-covered:

- Facet joint injections with ultrasound guidance (0213T-0218T)
- Trigger point injections with ultrasound guidance (76942)
- Dry needling of trigger points (20999)
- Sacroiliac joint injections with ultrasound guidance (76942)
- Epidural injections with ultrasound guidance (76942)

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Paramount considers any of the following procedures medically necessary for the treatment of back pain, but only one invasive procedure will be considered medically necessary at a time.

There is insufficient scientific evidence to support the scheduling of “series-of-three” epidural steroid injections in either a diagnostic or a therapeutic approach. The medical necessity of subsequent injections should be evaluated individually and be based on the response of the individual to the previous injection with regard to clinically relevant sustained reductions in pain, decreased need for medication and improvement in the individual’s functional abilities.

Paramount considers ultrasound guidance of epidural injections experimental and investigational because of insufficient evidence of its effectiveness.

Criteria:

Sacroiliac (SI) joint pain Injections

Sacroiliac Joint Injections - corticosteroid and local anesthetic therapeutic injections into the sacroiliac joint to treat pain that has not responded to conservative therapies. Noninvasive treatments (i.e., rest, physical therapy, NSAIDs) have been tried and were unsuccessful, or they were contraindicated. The injections are not used in isolation, but are provided as part of a comprehensive pain management program including physical therapy, education, psychosocial support, and oral medication where appropriate.

Initial Diagnostic Injections are considered medically indicated when ALL of the following criteria have been met:

- Chronic low back or buttock pain for at least 3 months
- The patient has pain at or close to the posterior superior iliac spine with possible radiation into buttocks, posterior thigh, or groin and can point to the location of pain (Fortin Finger Test)
- Physical exam includes provocative testing (testing that reproduces the pain), not all-inclusive:
 - Compression test
 - thigh thrust or posterior pelvic pain provocation test
 - Patrick's test/FABER test
 - sacroiliac distraction test
 - Gaenslen's test
- Negative clinical findings and/or imaging studies suggest no other obvious cause of the pain:
 - No neurologic deficits
 - lumbar disc degeneration
 - lumbar disc herniation
 - lumbar spondylolisthesis
 - lumbar spinal stenosis
 - lumbar facet degeneration
 - lumbar vertebral body fracture
 - Infection
 - Tumor
 - Pain related to spinal instrumentation
- Sacroiliac (SI) joint disease confirmed by imaging (CT or MRI or pelvic x-ray indicating SI joint disease)
- Systemic analgesics and/or NSAIDs/muscle relaxants unless contraindicated or not tolerated \geq 3 weeks
- Activity modification \geq 4 weeks
- Home exercise or physical therapy methods aimed at restoring alignment and core stability \geq 4 weeks
 - If physical therapy is contraindicated - the documentation must indicate pain worsened with PT or PT tried but was not able to be tolerated.
- Pain has continued after the above treatments completed

Up to two intraarticular sacroiliac joint injections, defined as injections performed in the same joint on 2 separate occasions (i.e. days) are considered medically necessary and, therefore, covered to confirm the diagnosis due to the unacceptably high false positive rate of single intraarticular sacroiliac joint injections.

- The second confirmatory injection is considered medically necessary and, therefore, covered only if the first injection produces greater than or equal to 50% relief of the primary (index) pain and the onset and minimum duration of relief is consistent with the agent employed. This confirmatory block confirms the tested sacroiliac joint as the source if the index pain is reduced by greater than or equal to 75% and the onset and minimum duration of relief is consistent with the agent employed.
- If the member experiences no symptom relief or functional improvement after two sacroiliac joint injections, additional sacroiliac joint injections are not considered medically necessary.
- Once the diagnosis is established, it is rarely medically necessary to repeat sacroiliac injections more frequently than once every 2 months.
- Repeat injections extending beyond 12 months may be reviewed for continued medical necessity.

Repeat Injections are considered medically indicated when the following criteria have been met:

- Patient experiences at least 50% relief from the first diagnostic injection
- Patient experiences at least 75% or more reduction following a therapeutic injection
- Patient is participating in an active rehabilitation program (e.g. home exercise, functional restoration program of PT, chiro, etc.)
- Increase in the patient's level of function (e.g. return to work)
- Reduction in use of pain medication or medical services (e.g. PT, chiro, etc.) for at least 4 weeks

Sacroiliac Joint Injection Non-Covered Indications, not all-inclusive:

- Sacroiliac joint injections performed without fluoroscopic or other alternative guidance, with the exception of ultrasound as noted above
- Ultrasound guidance of sacroiliac joint injections is considered not medically necessary.
- When performed on the same day of service as a facet joint block, epidural steroid injection, or lumbar sympathetic chain block
- When performed in isolation (i.e., without the individual participating in an active rehabilitation program, home exercise program, or functional restoration program)
- As a subsequent diagnostic block when the initial diagnostic block does not produce a positive response of $\geq 50\%$ pain reduction
- Therapeutic sacroiliac joint injections performed at a frequency greater than once every two (2) months for the treatment of sacroiliac pain
- More than four (4) injections per SI joint performed within a 12 month period
- A sacroiliac joint injection is considered experimental, investigational or unproven when performed using an injectable other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination.
- Sacroiliac joint injections are considered experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above have not been established.

CPT codes 27096, 64451 and G0260 should not be billed when a physician provides routine sacroiliac injections. CPT codes 27096, 64451 and G0260 are to be used only with imaging confirmation of intra-articular needle positioning. Paravertebral Spinal Nerves and Branches – image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of 27096, 64451. Do not report CPT code 27096 or G0260 unless fluoroscopic or CT-guidance is performed.

CPT code 64451 has been added as of 2020 to describe injection(s) into nerves innervating the sacroiliac joint (SI) and includes fluoroscopy or CT guidance. If performed using ultrasound guidance, the unlisted code 76999 should be reported. There are exclusionary notes, in the AMA CPT codebook, instructing to not report these services in conjunction with codes that describe paravertebral facet joint injections (CPT 64493-64495), radiological guidance (CPT 77002, 77003, 77012) or guidance codes for chemodenervation (CPT 95873, 95874). Code 64451 (injection) of nerves innervating the SI joint are reported only once regardless of the number of nerves injected or ablated. Since L5, S1, S2, and S3 nerves all innervate the SI joint, treating all four of these nerves would be reported with only a single code (64451).

Epidural Steroid Injections

I. Cervical or lumbar radiculopathy

A. Initial Injections are considered medically indicated when ALL of the following criteria have been met:

- Pain ≥ 7 out of 10 on the visual analog scale (VAS)
- Unilateral pain in nerve root distribution
- Pain unrelieved by change in body position
- Documented moderate to severe interference of radicular pain with age appropriate activities of daily living
 - For thoracic/lumbar ESIs, severe disability as measured by the Oswestry Disability Index; or
 - For cervical ESIs, moderate to severe disability as measured by the Neck Disability Index (i.e. 15 points or higher on Neck Disability Index)
- Nerve root compression by imaging or testing (MRI, CT)
 - Foraminal or lateral recess stenosis which may be causing nerve root impingement and/or demonstrated nerve contact; or
 - Disc protrusion which may be causing nerve root impingement and/or demonstrated nerve contact; or

- Electrodiagnostic study showing radiculopathy
 - No local infection at injection site
 - No increased intracranial pressure
 - No epidural metastasis.
- B. Second, Third and Fourth Injections, all within 12 months of initial injection, is considered medically indicated when ALL of the following criteria have been met:
- Documented pain reduction \geq 50% after prior injection
 - Documented pain relief for \geq 8 weeks after prior injection

II. Nonspecific low back pain: Epidural steroid injections in the setting of low back pain without neurologic symptoms or findings.

- A. Injections are considered medically indicated when ALL of the following criteria have been met:
- Documented moderate to severe interference of radicular pain with age appropriate activities of daily living
 - For thoracic/lumbar ESIs, severe disability as measured by the Oswestry Disability Index; or
 - For cervical ESIs, moderate to severe disability as measured by the Neck Disability Index (i.e. 15 points or higher on Neck Disability Index)
 - No neurologic deficits, no sensory or motor abnormalities due to neurocompression of either the spinal cord or nerve root.
 - History and physical examination and imaging nondiagnostic for etiology of pain
 - NSAIDs or acetaminophen \geq 3 weeks, with continued pain after treatment
 - Activity modification \geq 6 weeks, with continued pain after treatment
 - Physical therapy \geq 6 weeks, with continued pain after treatment.
 - If physical therapy is contraindicated - the documentation must indicate pain worsened with PT or PT tried but was not able to be tolerated.
 - No local infection at injection site
 - No increased intracranial pressure
 - No epidural metastasis

Epidural injections of corticosteroid preparations, with or without added anesthetic agents, are considered experimental and investigational for all other indications (e.g., non-specific low back pain and failed back syndrome) because their effectiveness for indications other than the ones listed above has not been established.

During the diagnostic phase, the individual may receive two injections at intervals of no sooner than two weeks. If the diagnostic phase is completed and unsuccessful, additional epidural injections are considered not medically necessary. Note: A successful diagnostic phase is one in which there is a 50% reduction in pain and/or symptoms.

Therapeutic epidural injections beyond the diagnostic phase are considered medically necessary, if the diagnostic injections resulted in at least a 50% relief in pain and/or symptoms, and the epidural injections are provided as part of a comprehensive pain management program, which includes physical therapy, patient education, psychosocial support, and oral medications, where appropriate. If the member experiences less than 50% relief of pain after three epidural injections, additional epidural injections are not considered medically necessary. In the therapeutic phase, repeat epidural injections more frequently than every two months are not considered medically necessary. A total of four epidural steroid injections, included therapeutic and diagnostic, per region (i.e., cervical, thoracic, lumbar) per rolling 12-month period are considered medically necessary, only upon return of pain and/or deterioration in function and only when responsiveness to prior injections has occurred (i.e., the individual should have at least a 50% reduction in pain and/or symptoms for two months). Additional therapeutic epidural injections per region per rolling 12-month period are considered experimental and investigational because they have no proven value.

III. Epidural Steroid Injections Non-Covered Indications

- Conscious sedation, Monitored Anesthesia Care (MAC), and intraoperative neuromonitoring (IONM) is considered not medically necessary and not covered when performed with an epidural steroid injection.

- Epidural steroid injections performed without imaging guidance (62320, 62322) are considered not medically necessary and not covered.
- Interlaminar epidural steroid injections performed above C7-T1 are considered not medically necessary and are not covered.
- Epidural steroid injections with ultrasound guidance (0228T-0231T) are considered not medically necessary and are not covered for any indication.
- Isolated central spinal stenosis
- Chemical radiculitis caused by annular tears
- Post-operative pain relief from spinal fusion and/or discectomy/laminectomy
- Axial low back pain without leg dominant symptoms originating in the nerve roots
- Axial or nonspecific pain without radiating pain, unless involving a nerve root that does not refer to a limb
- Cancer-related pain
- Infection
- Compressive lesions of the spinal cord, conus medullaris or cauda equina

Facet Joint Injections

An initial facet inject (intra-articular and medial branch block), (also known as facet block, facet injection, facet joint nerve block, or medial branch block), **from C2-3 to L5-S1 is considered medically necessary for** the diagnosis of facet pain in members to determine whether chronic neck or back pain is of facet joint origin when ALL of the following criteria are met:

- The member presents with chronic neck or back pain that lacks a strong radicular component (with the exception of synovial cysts)
- Pain has persisted for at least 3 months
 - Predominantly axial low back pain
 - Pain aggravated by extension, rotation, or lateral bending of the back or neck
 - Tenderness to palpation in the paravertebral areas (over the facet region)
- In the past 3 months, pain has persisted despite at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics), unless contraindicated and the reason(s) for contraindication(s) is/are documented in the medical record
- Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., 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)
- The spinal motion segment is not posteriorly fused

A second facet joint injection/medial branch block, performed to confirm the validity of the clinical response to the initial facet joint injection, is considered medically necessary when ALL of the following criteria are met:

- Administered at the same level as the initial block
- The initial diagnostic facet joint injection produced a positive response (i.e., at least 80% relief of pain for at least the expected minimum duration of the effect of the local anesthetic)
- A radiofrequency joint denervation/ ablation procedure is being considered (unless the individual is not a candidate).

Subsequent facet joint injections/medial branch blocks as an alternative treatment to a radiofrequency ablation/neurotomy is considered medically necessary no sooner than six (6) months from when the prior facet joint injection/medial branch block was performed when ALL of the following criteria are met:

- Previous facet joint injections/medial branch blocks resulted in at least 50% pain relief for at least twelve (12) weeks following the facet joint injection/medial branch block
- The individual is not a candidate for a radiofrequency joint denervation/ablation procedure due to ONE of the following:
 - Established spinal pseudoarthrosis at the spinal level intended for treatment
 - Implanted electrical device (i.e. cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump)

An intra-articular facet joint injection performed with synovial cyst aspiration, in addition to a transforaminal epidural steroid injection, is considered medically necessary when BOTH of the following criteria are met:

- Advanced diagnostic imaging studies (e.g., MRI, CT, CT myelogram) confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst
- Clinical correlation with the individual's signs and symptoms of radicular pain or radiculopathy, based on history and physical examination

It is not expected that patients will routinely present with pain in both cervical/thoracic and lumbar spinal regions. Therefore, facet joint interventions (both diagnostic and therapeutic) are limited to one spinal region per session.

It is not routinely necessary for multiple blocks (e.g., epidural injections, sympathetic blocks, trigger point injections, etc.) to be provided to a patient on the same day as facet joint procedures. Multiple blocks on the same day could lead to improper or lack of diagnosis. If performed, the medical necessity of each injection (at the same or a different level[s]) must be clearly documented in the medical record. For example, the performance of both paravertebral facet joint procedures(s) and a transforaminal epidural injection (TFESI) at the same or close spinal level at the same encounter would not be expected unless a synovial cyst is compressing the nerve root. In this situation, TFESI may provide relief for the radicular pain, while the facet cyst rupture allows nerve root decompression. Frequent reporting of multiple blocks on the same day may trigger a focused medical review.

One to two levels, either unilateral or bilateral, are allowed per session per spine region. The need for a three or four-level procedure bilaterally may be considered under unique circumstances and with sufficient documentation of medical necessity on appeal. A session is a time period, which includes all procedures (i.e., medial branch block (MBB), intraarticular injections (IA), facet cyst ruptures, and RFA ablations that are performed during the same day.

Facet Joint Injections Non-Covered Indications

- Without the use of fluoroscopic or CT guidance
- In the presence of an untreated radiculopathy (with the exception of radiculopathy caused by a facet joint synovial cyst)
- When a radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered (unless the individual is not a candidate)
- The facet joint injection is performed at a fused posterior spinal motion segment
- On the same day of service when performing other injections (e.g., epidural steroid, sacroiliac)
- Performance of injections/blocks on more than three (3) facet joint levels
- For repeat therapeutic facet joint injections/medial branch blocks in the absence of at least 50% pain relief for at least twelve (12) weeks
- Additional diagnostic facet joint injection/medial branch blocks at the same level(s) as a prior successful radiofrequency denervation/ablation procedure
- Injection/nerve block of the atlanto-occipital articulation and/or atlanto-axial articulation
- Clinical findings and imaging studies suggest other obvious cause of the pain
- e.g., 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)
- Paramount considers ultrasound guidance of facet injections experimental and investigational because of insufficient evidence of its effectiveness.

~~For use of facet joint intra-articular injections comprising local anesthetic alone or with a corticosteroid to relieve pain and improve function in patients with chronic, nonresponsive, nonmalignant **thoracic spinal pain of facet joint origin** is considered noncovered for experimental/investigational. The evidence for thoracic facet joint injection is insufficient for intra-articular injections and is limited to case studies and retrospective studies for medial branch blocks, therefore, are considered unproven, experimental/investigational.~~

Trigger point injections of corticosteroids and/or local anesthetics

Initial Injections indicated for chronic neck or back pain or myofascial pain syndrome, when **ALL** of the following selection criteria are met:

- Conservative treatment such as bed rest, exercises, heating or cooling modalities, massage, and pharmacotherapies such as non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, non-narcotic analgesics, should have been tried and failed
- Symptoms have persisted for more than 3 months
- Trigger points have been identified by palpation
- No presence of systemic infections or other concomitant unstable medical conditions
- Trigger point injections are not administered in isolation, but are provided as part of a comprehensive pain management program, including physical therapy, patient education, psychosocial support, and oral medication where appropriate

Repeat Injections are considered medically indicated when ALL of the following criteria have been met:

- Preceding therapeutic injection session resulted in more than 50% relief for ≥ 4 weeks
- Pain or inflammation non-responsive (≥ 6 weeks) to conventional measures (i.e. analgesics, oral anti-inflammatory drugs and/or physical therapy).
- A maximum of no more than eight dates of service per calendar year per patient, regardless of location, duration of symptoms, rendering provider, or interval between injections.

Trigger point injections are considered experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above have not been established.

Paramount considers ultrasound guidance of trigger point injections experimental and investigational because of insufficient evidence of its effectiveness.

A trigger point is defined as a specific point or area where, if stimulated by touch or pressure, a painful response will be induced. A set of trigger point injections means injections in several trigger points in one sitting. It is not considered medically necessary to repeat injections more frequently than every 7 days. Up to four (4) sets of injections per session are considered medically necessary to diagnose the origin of a patient's pain and achieve a therapeutic effect; additional sets of trigger point injections are not considered medically necessary if no clinical response is achieved. Once a diagnosis is established and a therapeutic effect is achieved, it is rarely considered medically necessary to repeat trigger point injections more frequently than once every 2 months. Repeated injections extending beyond 12 months may be reviewed for continued medical necessity.

Only one trigger point injection procedure should be reported on any particular day, no matter how many sites or regions are injected.

Trigger point injections used on a routine basis, e.g., on a regular periodic and continuous basis, for patients with chronic non-malignant pain syndromes are not considered medically necessary.

Only injections of local anesthetics and corticosteroids are covered. Injections consisting of only saline and/or botanical substances are not supported in the peer-reviewed literature and are not considered medically necessary.

Paramount considers dry needling of trigger points experimental and investigational because of insufficient evidence of its effectiveness.

Non-PAR Offices/Provides/Facilities providers require prior authorization for all services identified within this Medical Policy, PG0354.

Experimental and Investigational Interventions, not all-inclusive

Paramount considers any of the following injections or procedures experimental and investigational:

- AccuraScope procedure
- Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System)
- BacFast HD for isolated facet fusion
- Biomet Aspen fusion system (an interlaminar fixation device)

- Chemical ablation (including but not limited to alcohol, phenol or sodium morrhuate) of facet joints
- Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indications
- Cooled radiofrequency ablation for facet denervation
- Cryoablation (cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain
- Deuk Laser Disc Repair
- Devices for annular repair (e.g., Inclose Surgical Mesh System)
- Direct visual rhizotomy (extradural transection or avulsion of other spinal nerve) for the treatment of chronic low back pain
- Dynamic (intervertebral) stabilization (e.g., BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and the Zodiak DynaMo System)
- Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System
- Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation)
- Endoscopic transforaminal discectomy
- Epidural fat grafting during lumbar decompression laminectomy/discectomy
- 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
- Epidural steroid injections for the treatment of non-radicular low back pain
- Epiduroscopy (also known as epidural myelography, epidural spinal endoscopy, myelography, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications
- Facet chemodenervation/chemical facet neurolysis
- Facet joint allograft implants (NuFix facet fusion, TruFuse facet fusion)
- Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine), Total Facet Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical))
- Far lateral microendoscopic discectomy (FLMED) for extra-foraminal lumbar disc herniations or other indications
- Hardware injections/blocks
- Interlaminar lumbar instrumented fusion (ILIF)
- Interspinous and interlaminar distraction devices
- Interspinous fixation devices (CD HORIZON SPIRE Plate, PrimaLOK SP, SP-Fix Spinous Process Fixation Plate, and Stabilink interspinous fixation device) for spinal stenosis or other indications
- Intradiscal injection of platelet-rich plasma
- Intradiscal, paravertebral, or epidural oxygen or ozone injections
- Intradiscal steroid injections
- Intravenous administration of corticosteroids, lidocaine, magnesium, Toradol or vitamin B12 (cyanocobalamin) as a treatment for back pain
- Khan kinetic treatment (KKT)
- Laser facet denervation
- Least invasive lumbar decompression interbody fusion (LINDIF)
- Microendoscopic discectomy (MED; same as lumbar endoscopic discectomy utilizing microscope) procedure for decompression of lumbar spine stenosis, lumbar disc herniation, or other indications;
- Microsurgical anterior foraminotomy for cervical spondylotic myelopathy or other indications
- Microsurgical lumbar sequestrectomy for the treatment of lumbar disc herniation
- Minimally invasive/endoscopic cervical laminoforaminotomy for cervical radiculopathy/lateral and foraminal cervical disc herniations or other indications
- Minimally invasive lumbar decompression (MILD) procedure (percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements under indirect image guidance) for lumbar canal stenosis or other indications
- Minimally invasive thoracic discectomy for the treatment of back pain

- Minimally invasive endoscopic transforaminal lumbar interbody fusion (endoscopic MITLIF; same as endoscopic MAST fusion) for lumbar disc degeneration and instability or other indications
- OptiMesh grafting system
- Percutaneous cervical discectomy
- Percutaneous endoscopic discectomy with or without laser (PELD) (also known as arthroscopic microdiscectomy or Yeung Endoscopic Spinal Surgery System [Y.E.S.S.])
- Piriformis muscle resection and other surgery for piriformis syndrome
- Psoas compartment block for lumbar radiculopathy or myositis ossification
- 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
- Radiofrequency denervation for sacroiliac joint pain
- Radiofrequency lesioning of dorsal root ganglia for back pain
- Radiofrequency lesioning of terminal (peripheral) nerve endings for back pain
- Radiofrequency/pulsed radiofrequency ablation of trigger point pain
- Sacroiliac fusion or pinning for the treatment of LBP due to sacroiliac joint syndrome; Note: Sacroiliac fusion may be medically necessary for sacroiliac joint infection, tumor involving the sacrum, and sacroiliac pain due to severe traumatic injury where a trial of an external fixator is successful in providing pain relief;
- Sacroiliac joint fusion (e.g., by means of the iFuse System and the SImmetry Sacroiliac Joint Fusion System)
- Sacroplasty for osteoporotic sacral insufficiency fractures and other indications
- Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis
- Vesselplasty (e.g., Vessel-X)

Documentation Reference:

Activities of daily living: The activities of daily living (ADLs) is a term used to describe essential skills that are required to independently care for oneself. Examples may include, but are not limited to, the following:

- Ambulating
- Feeding
- Dressing
- Personal hygiene
- Transportation and shopping
- Meal preparation
- Housecleaning and home maintenance

Neck Disability Index: The Neck Disability Index (NDI) is a modification of the Oswestry Disability Index, and is used by clinicians and researchers to quantify neck pain. Patients self-report scores across 10 categories, including pain intensity, personal care, lifting, reading, headaches, concentration, work, driving, sleeping and recreation. Each section is scored on a 6-point scale ranging from 0 (“no pain”) to 5 (“worst imaginable pain”).

- Scoring
 - 0-4 points (0-8%) no disability,
 - 5-14 points (10 – 28%) mild disability,
 - 15-24 points (30-48%) moderate disability,
 - 25-34 points (50- 64%) severe disability,
 - 35-50 points (70-100%) complete disability

Oswestry Disability Index: The Oswestry Disability Index (ODI) is an index derived from the Oswestry Low Back Pain Questionnaire used by clinicians and researchers to quantify disability for low back pain.⁴ The questionnaire contains ten topics concerning intensity of pain, lifting, ability to care for oneself, ability to walk, ability to sit, sexual function, ability to stand, social life, sleep quality, and ability to travel. Each question is scored by the patient on a scale of 0-5 (least amount of disability to most severe disability). Scores are then added and then doubled to obtain the index (range 0 to 100).

- Scoring
 - 0% –20%: Minimal disability

- 21%–40%: Moderate disability
- 41%–60%: Severe disability
- 61%–80%: Crippling back pain
- 81%–100%: Patients are either bed-bound or have an exaggeration of their symptoms

“Radicular Pain” (i.e., radiculopathy) refers to pain that radiates along the course of a spinal nerve root. Signs of radicular pain include positive straight leg test, dermatomal pattern of sensory loss, pain or numbness radiating below the level of the knee (lumbar), pain or numbness in the shoulder, arm, hand, or fingers (cervical), or diminished reflexes. Radicular pain is not characteristic of facet joint syndromes.

“Non-Radicular Pain” is pain that does not radiate and is typically most intense local to the source, rather than spreading in a predictable distribution like radicular pain. Facet joint syndrome typically cause this type of pain.

CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

CPT CODES	
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscles(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles(s)
20999	Unlisted procedure, musculoskeletal system, general
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 (i.e., 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 (i.e., fluoroscopy or CT)
64451	Injection(s), anesthetic agent(s) and /or steroid nerves innervation the sacroiliac joint, with image guidance (i.e, fluoroscopy or computed tomography)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent 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 and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent 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)
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
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 levels(s) (List separately in addition to code for primary procedure)

HCPCS CODE

G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
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ICD-10-CM CODES

Facet Joint Injections ICD-10 codes covered if selection criteria are met:

M12.88	Other specific arthropathies, not elsewhere classified, other specified site
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region

M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M47.899	Other spondylosis, site unspecified
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M53.82	Other specified dorsopathies, cervical region
M53.83	Other specified dorsopathies, cervicothoracic region
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M54.2	Cervicalgia
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
M54.50	Low back pain, unspecified
M54.51	Vertebrogenic low back pain
M54.59	Other low back pain
M54.6	Pain in thoracic spine
M54.9	Dorsalgia, unspecified
M62.830	Muscle spasm of back
M71.30	Other bursal cyst, unspecified site
M71.38	Other bursal cyst, other site
Trigger Point Injections ICD-10 codes covered if selection criteria are met:	
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region

M47.898	Other spondylosis, sacral and sacrococcygeal region
M47.899	Other spondylosis, site unspecified
M54.2	Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M79.1	Myalgia
Sacroiliac Joint Injections ICD-10 codes covered if selection criteria are met:	
M43.08	Spondylolysis, sacral and sacrococcygeal region
M46.1	Sacroilitis, not elsewhere classified
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M47.899	Other spondylosis, site unspecified
M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region
M48.8X2	Other specified spondylopathies, cervical region
M48.8X3	Other specified spondylopathies, cervicothoracic region
M48.8X4	Other specified spondylopathies, thoracic region
M48.8X5	Other specified spondylopathies, thoracolumbar region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X9	Other specified spondylopathies, site unspecified
M53.2X7	Spinal instabilities, lumbosacral region
M53.2X8	Spinal instabilities, sacral and sacrococcygeal region
M53.3	Sacrococcygeal disorders, not elsewhere classified
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.5	Low back pain
S33.2XXA	Dislocation of sacroiliac and sacrococcygeal joint, initial encounter
S33.2XXD	Dislocation of sacroiliac and sacrococcygeal joint, subsequent encounter
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXD	Sprain of sacroiliac joint, subsequent encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXD	Sprain of other parts of lumbar spine and pelvis, subsequent encounter
S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter
S33.9XXD	Sprain of unspecified parts of lumbar spine and pelvis, subsequent encounter
Epidural injections ICD-10 codes covered if selection criteria are met:	
B02.23	Postherpetic polyneuropathy
B02.7	Disseminated zoster
B02.8	Zoster with other complications
B02.9	Zoster without complications
G04.1	Tropical spastic paraplegia
G35	Multiple sclerosis

G54.0- G54.7	Brachial plexus disorders - Phantom limb syndrome without pain
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.4	Ataxic cerebral palsy
G81.11	Spastic hemiplegia, affecting right dominant side
G81.12	Spastic hemiplegia, affecting left dominant side
G81.13	Spastic hemiplegia, affecting right nondominant side
G81.14	Spastic hemiplegia, affecting left nondominant side
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
G89.18	Other acute postprocedural pain
G89.29- G89.4	Other chronic pain - Chronic pain syndrome
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome
G96.12	Meningeal adhesions (cerebral) (spinal)
G96.19	Other disorders of meninges, not elsewhere classified
G97.1	Other reaction to spinal and lumbar puncture
M43.02	Spondylolysis, cervical region
M43.04	Spondylolysis, thoracic region
M43.06	Spondylolysis, lumbar region
M46.07	Spondylolysis, lumbosacral region
M43.10	Spondylolisthesis, site unspecified
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.20- M43.28	Fusion of spine, site unspecified - Fusion of spine, sacral and sacrococcygeal region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.20	Other spondylosis with radiculopathy, site unspecified
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region

M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.819	Spondylosis without myelopathy or radiculopathy, site unspecified
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M47.899	Other spondylosis, site unspecified
M48.00- M48.08	Spinal stenosis, site unspecified - Spinal stenosis, sacral and sacrococcygeal region
M48.50XA- M48.58XS	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture - Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, sequela of fracture
M50.00- M50.33	Cervical disc disorder with myelopathy, unspecified cervical region - Other cervical disc degeneration, cervicothoracic region
M51.04- M51.06	Intervertebral disc disorders with myelopathy, thoracic region - Intervertebral disc disorders with myelopathy, lumbar region
M51.14- M51.37	Intervertebral disc disorders with radiculopathy, thoracic region - Other intervertebral disc degeneration, lumbosacral region
M51.46	Schmorl's nodes, lumbar region
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.2X7 - M53.2X8	Spinal instabilities, lumbosacral region - Spinal instabilities, sacral and sacrococcygeal region
M53.3- M54.09	Sacrococcygeal disorders, not elsewhere classified - Panniculitis affecting regions, neck and back, multiple sites in spine
M54.10	Radiculopathy, site unspecified
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2 - M54.9	Cervicalgia - Dorsalgia, unspecified
M62.830	Muscle spasm of back
M62.831	Muscle spasm of calf
M62.838	Other muscle spasm
M80.08XA- M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M80.88XA- M80.88XS	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M84.58XA- M84.58XS	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture - Pathological fracture in neoplastic disease, other specified site, sequela

M84.68XA-M84.68XS	Pathological fracture in other disease, other site, initial encounter for fracture - Pathological fracture in other disease, other site, sequela
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal, of lumbar region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region
M99.33	Osseous stenosis of neural canal, of lumbar region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal, of lumbar region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal, of lumbar region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic
M99.63	Osseous and subluxation stenosis of intervertebral foramina, of lumbar region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina, of lumbar region
R25.0	Abnormal head movements
R25.1	Tremor, unspecified
R25.2	Cramp and spasm
R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R52	Pain, unspecified

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/>.

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/26/2016

Date	Explanation & Changes
02/26/16	<ul style="list-style-type: none"> Policy created to reflect most current clinical evidence per TAWG
05/09/17	<ul style="list-style-type: none"> Title changed from Facet Joint Injections to Invasive Procedures for Back Pain Facet joint injections with ultrasound guidance (0213T-0218T) are now non-covered for Elite also per CMS guidelines Added Trigger Point Injections (20552, 20553), Sacroiliac Joint Injections (27096, G0260), Epidural Injections (62320-62327, 64479, 64480, 64483, 64484) as covered without prior authorization for all product lines Trigger point injections, sacroiliac joint injections & epidural Injections with ultrasound guidance (76942) are non-covered for all product lines Added code 20999. Dry needling of trigger points (20999) is non-covered for all product lines Added ICD-10 diagnosis codes that are covered for each invasive procedure Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/01/19	<ul style="list-style-type: none"> Medical Policy revised to include the Elite Product requiring a prior authorization as of 1/1/2020

01/29/2020	<ul style="list-style-type: none"> Added documentation r/t the noncoverage of thoracic facet injections, sources Interqual and Hayes
03/24/2020	<ul style="list-style-type: none"> Updates Completed: Facet Joint Injections r/t coverage criteria additions and Sacroiliac Injections r/t CPT codes 27096, 64451 and G0260 Diagnostic facet joint injections are considered experimental and investigational for neck and back pain with untreated radiculopathy CPT codes 27096, 64451 and G0260 should not be billed when a physician provides routine sacroiliac injections CPT codes 27096, 64451 and G0260 are to be used only with imaging confirmation of intra-articular needle positioning Paravertebral Spinal Nerves and Branches – image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of 27096. Do not report CPT code 27096 or G0260 unless fluoroscopic or CT-guidance is performed
7/13/2020	<ul style="list-style-type: none"> Removed the documentation – “Paramount utilizes InterQual® criteria sets for medical necessity determinations.’ The InterQual coverage for the Interventional Pain Management Injections has been removed from InterQual updated software. The coverage criteria will continue as has been documented in the medical policy
10/13/2020	<ul style="list-style-type: none"> Updated/Clarified the coverage for procedure 64451 (new code as of 1/1/2020) within the policy, added code to the green box coverage determinations
10/20/2020	<ul style="list-style-type: none"> Additional review of 27096 and the new 1/1/2020 code 64451, related to allowed diagnosis codes supporting coverage/reimbursement, the following diagnosis codes added – M43.08, M46.1, S33.2XXA, S33.2XXD, S33.2XXS, S33.6XXS
12/22/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
04/27/2022	<ul style="list-style-type: none"> Updated Facet Joint Injections coverage criteria supporting thoracic level injections Effective 6/1/2022 all Facet Joint Injections, Sacroiliac Joint Injections and Epidural Injections will no longer require Prior Authorization when the medical indication coverage criteria listed/documented is supported. Added ICD-10 diagnosis M53.84, M53.85, M53.86, M53.87, M54.50, M54.51, M54.59 supporting coverage/reimbursement

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

U.S. Preventive Services Task Force, <http://www.uspreventiveservicestaskforce.org/>
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