GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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
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 -- that 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,**

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, G0260)
- Epidural injections (62320-62323 when only one level/site is injected on same date-of-service, 64479, 64483)

**Elite**

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

- Facet joint injections (64490-64495)
- Sacroiliac joint injections (27096, G0260)
- Epidural injections (62320-62323, 64479, 64480, 64483, 64484)

**HMO, PPO, Individual Marketplace, Advantage, Elite**

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**

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)
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

A. Initial Injections are considered medically indicated when ALL of the following criteria have been met:
   - Low back or buttock pain
   - No neurologic deficits
   - Sacroiliac (SI) joint disease confirmed by imaging (CT or MRI or pelvic x-ray indicating SI joint disease)
   - NSAID or acetaminophen ≥ 3 weeks
   - Activity modification ≥ 4 weeks
   - Home exercise or physical therapy ≥ 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

B. Repeat Injections are considered medically indicated when the following criteria have been met:
   - Documented pain reduction ≥ 50% after prior injection
   - The second or third injections are within 12 months of the initial injection

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.

Up to two sacroiliac injections are considered medically necessary to diagnose the patient's pain and achieve a therapeutic effect. It is not considered medically necessary to repeat these injections more frequently than once every 7 days. 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. Ultrasound guidance of sacroiliac joint injections is considered not medically necessary.

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
      - Pain interferes with ADLs
      - Nerve root compression by imaging or testing (MRI, CT)
      - 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 ≥ 50% after prior injection
      - Documented pain relief for ≥ 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:
      - Back pain interferes with ADLs
- 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 ≥ 3 weeks, with continued pain after treatment
- Activity modification ≥ 6 weeks, with continued pain after treatment
- Physical therapy ≥ 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.

**Facet Joint Injections**

I. Known cervical or lumbar facet joint pain
   A. Injection(s) indicated with documented pain reduction ≥ 80% after diagnostic injection
      a. The 2nd and 3rd injections are within 12 months of the diagnostic injection

II. Suspected cervical or lumbar facet joint pain
   A. Injections are considered medically indicated when ALL of the following criteria have been met: And
      - Back or neck pain suggestive of facet joint origin
        - Symptoms of cervical facet joint pain include neck pain that can radiate into the upper back and shoulder regions. Unlike cervical radiculopathy, it is not associated with pain radiating to the upper extremity in a dermatomal (nerve root) distribution. Symptoms of lumbar facet joint pain include low back pain that can radiate into the hips, buttocks, and thighs in a nondermatomal distribution.
        - Nonradicular pain by physical examination
        - No neurologic deficits, no sensory or motor abnormalities due to neurocompression of either the spinal cord or nerve root.
        - No infection or malignancy at injection site
        - Imaging nondiagnostic for etiology of pain (i.e. x-ray, CT, MRI that excludes deficits or a spinal lesion as the source of pain)
      - All of the following treatments with in the past year resulted in continued pain
        - NSAIDs or acetaminophen ≥ 3 weeks
        - Activity modification ≥ 6 weeks
        - Physical therapy ≥ 6 weeks
          - If physical therapy is contraindicated - the documentation must indicate pain worsened with PT or PT tried but was not able to be tolerated.

Diagnostic facet joint injections are considered experimental and investigational for neck and back pain with untreated radiculopathy. Facet joint injections (intra-articular and medial branch blocks) are considered experimental and investigational as therapy for back and neck pain and for all other indications because their
effectiveness for these indications has not been established. Paramount considers diagnostic facet joint injections not medically necessary where radiofrequency facet neurolysis is not being considered.

A set of facet joint injections (intra-articular or medial branch blocks) means up to 6 such injections per sitting, and this can be repeated once at the same levels and side, no sooner than one week after the initial set of injections, to establish the diagnosis. Additional sets of facet injections or medial branch blocks at the same levels and side are considered experimental and investigational because they have no proven value.

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

**Trigger point injections** of corticosteroids and/or local anesthetics

A. 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

B. 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 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.
Paramount utilizes InterQual® criteria sets for medical necessity determinations.

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
- 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-radiculogic low back pain
- Epiduroscopy (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, 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 diskitomy
- Percutaneous endoscopic diskitomy with or without laser (PELD) (also known as arthroscopic microdiskitomy 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 ossificans
- 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 Symmetry 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)

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20552</td>
<td>Injection(s); single or multiple trigger point(s), 1 or 2 muscles(s)</td>
</tr>
<tr>
<td>20553</td>
<td>Injection(s); single or multiple trigger point(s), 3 or more muscles(s)</td>
</tr>
<tr>
<td>20999</td>
<td>Unlisted procedure, musculoskeletal system, general</td>
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<tr>
<td>27096</td>
<td>Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed</td>
</tr>
<tr>
<td>62320</td>
<td>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</td>
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<tr>
<td>62321</td>
<td>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)</td>
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<tr>
<td>62322</td>
<td>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</td>
</tr>
<tr>
<td>62323</td>
<td>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)</td>
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<tr>
<td>64479</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level</td>
</tr>
<tr>
<td>64480</td>
<td>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)</td>
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<tr>
<td>64483</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level</td>
</tr>
<tr>
<td>64484</td>
<td>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)</td>
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| 64490     | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with
<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tr>
<td>G0260</td>
<td>Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography</td>
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**ICD-10-CM CODES**

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

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M12.88</td>
<td>Other specific arthropathies, not elsewhere classified, other specified site</td>
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<tr>
<td>M47.11</td>
<td>Other spondylosis with myelopathy, occipito-atlanto-axial region</td>
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<td>Other spondylosis with myelopathy, thoracic region</td>
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<tr>
<td>M47.898</td>
<td>Other spondylosis, sacral and sacrococcygeal region</td>
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</table>

**ICD-10-CM Codes**

- **Facet Joint Injections**
- **ICD-10 codes covered if selection criteria are met:**
- **HCPCS Code**
- **Other specific arthropathies, not elsewhere classified, other specified site**
- **Other spondylosis with myelopathy, occipito-atlanto-axial region**
- **Other spondylosis with myelopathy, cervical region**
- **Other spondylosis with myelopathy, cervicothoracic region**
- **Other spondylosis with myelopathy, thoracic region**
- **Other spondylosis with myelopathy, thoracolumbar region**
- **Other spondylosis with myelopathy, lumbar region**
- **Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region**
- **Spondylosis without myelopathy or radiculopathy, cervical region**
- **Spondylosis without myelopathy or radiculopathy, cervicothoracic region**
- **Spondylosis without myelopathy or radiculopathy, thoracic region**
- **Spondylosis without myelopathy or radiculopathy, thoracolumbar region**
- **Spondylosis without myelopathy or radiculopathy, lumbar region**
- **Spondylosis without myelopathy or radiculopathy, lumbosacral region**
- **Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region**
- **Spondylosis without myelopathy or radiculopathy, site unspecified**
- **Other spondylosis, occipito-atlanto-axial region**
- **Other spondylosis, cervical region**
- **Other spondylosis, cervicothoracic region**
- **Other spondylosis, thoracic region**
- **Other spondylosis, thoracolumbar region**
- **Other spondylosis, lumbar region**
- **Other spondylosis, lumbosacral region**
- **Other spondylosis, sacral and sacrococcygeal region**
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<td>Sciatica, right side</td>
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<td>M54.5</td>
<td>Low back pain</td>
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<td>S33.6XXA</td>
<td>Sprain of sacroiliac joint, initial encounter</td>
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<tr>
<td>S33.6XXD</td>
<td>Sprain of sacroiliac joint, subsequent encounter</td>
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<tr>
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<td>Sprain of other parts of lumbar spine and pelvis, initial encounter</td>
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<td>S33.9XXD</td>
<td>Sprain of unspecified parts of lumbar spine and pelvis, subsequent encounter</td>
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</tbody>
</table>

**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** Brachial plexus disorders - Phantom limb syndrome without pain
- **G54.7** Brachial plexus disorders - Phantom limb syndrome with 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
- **G89.29-4** 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
- **M43.20-2** Fusion of spine, site unspecified - Fusion of spine, sacral and sacrococcygeal region
- **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
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<td>Collapsed vertebra, not elsewhere classified, site unspecified, initial</td>
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<td>Intervertebral disc disorders with radiculopathy, thoracic region - Other</td>
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<td>Cervicobrachial syndrome</td>
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Note: The table continues with similar entries for other conditions and diagnoses related to spine and back conditions.
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**REVISION HISTORY EXPLANATION**

02/26/16: Policy created to reflect most current clinical evidence per TAWG.

05/09/17: 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.

10/01/19: Changed policy name from Invasive Procedures for Back Pain to Interventional Pain Management Injections, Sacroiliac, Epidural Steroid, Facet and Trigger Point. Updated criteria to support InterQual. Removed the continuous Infusion CPT codes from the Medical Policy.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.