

MEDICAL POLICY – 7.01.575

Nerve Block, Paravertebral, Facet Joint, and Sacroiliac Joint Injections

Ref. Policy: MP-090

Effective Date: Apr. 1, 2025

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Replaces: N/A

RELATED MEDICAL POLICIES:

None

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

Introduction

Facet joints are located between the bones of the spine (vertebrae). Facet joint pain syndrome is a condition that causes pain in the lower back and neck. The sacroiliac (SI) joints are between the lower spine and the pelvic bones. Nerve blocks are injections containing medications that prevent pain signals from reaching specific areas of the body. They can be used to diagnose and treat certain medical conditions that cause chronic pain. This policy describes when nerve block injections to diagnose and treat paravertebral facet and sacroiliac (SI) joint pain may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Services	Medical Necessity
<p>Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections</p>	<p>Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections may be considered medically necessary for the following indications:</p> <ul style="list-style-type: none"> • Paravertebral facet and sacroiliac joint injections require all of the following: <ul style="list-style-type: none"> ○ Chronic pain symptoms persisting for 3 months or longer with no improvement using more conservative treatments such as physical therapy and/or analgesics ○ Documentation of chronic pain should include physician evaluations, diagnostic test results, medical imaging reports, treatments attempted, treatment duration and treatment response. ○ History of pain should be mainly axial or non-radicular unless stenosis is caused by a synovial cyst <ul style="list-style-type: none"> ▪ For SI joint injections, pain should be specific to the low back (below L5) ○ Pain is causing functional disability or average pain level of greater than or equal to 6 (scale of 0 to 10) related to the requested spinal region ○ Lack of evidence that the primary source of pain being treated is from sacroiliac joint pain, discogenic pain, disc herniation, or radiculitis ○ For spondyloarthropathy, all of the following must ALSO be met: <ul style="list-style-type: none"> ▪ Age of onset less than 45 years ▪ Prior history of sacroiliitis on imaging ▪ Diagnosis based on presence of spondyloarthropathy features



Services	Medical Necessity
	<ul style="list-style-type: none"> ○ Repeat injections are defined as injections administered after the initial diagnostic phase. They are medically necessary if: <ul style="list-style-type: none"> ▪ The individual has experienced at least 50% pain relief for a minimum of 2 months before the repeat injections <p>AND</p> <ul style="list-style-type: none"> ▪ The individual continues to experience an average pain level of greater than or equal to 6 <p>AND</p> <ul style="list-style-type: none"> ▪ Patients must be engaged in ongoing conservative treatment (unless a medical reason this cannot be done has been clearly documented) to receive repeat injections <ul style="list-style-type: none"> ○ Performance under fluoroscopy or computed tomography (CT) guidance to assure accurate placement of the needle in or medial to the joint (for imaging guidance, fluoroscopy is preferred over CT scanning due to the concerns regarding radiation) <p>Note: The advisability of paravertebral facet and SI joint injections should be evaluated on a case by case basis weighing the risks to the individual versus possible benefits of the procedure.</p> <ul style="list-style-type: none"> • Peripheral nerve blocks are indicated for any of the following conditions if other conservative treatment has failed or as part of an overall treatment plan (e.g., as an adjunct therapy to systemic agents): <ul style="list-style-type: none"> ○ Morton’s neuroma ○ Carpal tunnel syndrome ○ Heuter’s neuroma



Services	Medical Necessity
	<ul style="list-style-type: none"> ○ Iselin’s neuroma ○ Hauser’s neuroma ○ Tarsal tunnel syndrome ○ Cancer pain affecting quality of life ○ Acute herpes zoster (for prevention of herpetic neuralgia) ○ Phantom limb pain ○ Complex regional pain syndrome types I and II ○ Acute pancreatitis or chronic, relapsing pancreatitis that refuses to respond to conservative treatment ○ Chronic pelvic and rectal visceral pain that refuses to respond to conservative treatment <p>Note: Injections for plantar fasciitis or calcaneal spurs are not addressed by this policy.</p> <p>See Related Information below for Limitations</p>

Coding

Code	Description
CPT	
20526	Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
28899	Unlisted procedure, foot or toes
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (i.e., fluoroscopy or computed tomography)



Code	Description
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (e.g., Morton's neuroma)
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; 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)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)
HCPCS	
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).



Limitations

- Facet joint injections for the treatment of acute back pain are considered not medically necessary
- Sacroiliac joint/nerve denervation procedures are considered not medically necessary
- Repeat interventions once a diagnostic paravertebral block is negative at a specific level is considered not medically necessary
- Therapeutic paravertebral nerve blocks exceeding four injections on the same day will be denied as not medically necessary.
- Facet joint blocks administered more frequently than four injections/spinal level/side per year will be denied as not medically necessary.
- Repeat therapeutic paravertebral facet joint blocks at the same level in the absence of a prior response demonstrating greater than 50% relief (demonstrated by documented evidence on valid pain scales) lasting at least six weeks will be denied as not medically necessary.
- Additional injections if medical record documentation demonstrates that the SI injections were not effective after three injections, will be denied as not medically necessary.
- Peripheral nerve blocks beyond three in a six month period will be denied as not medically necessary.
- Peripheral nerve injections at two sites during one treatment session or for frequent repeated injections are not covered unless medical necessity is demonstrated through documentation by treating physician and will be considered on case by case basis.
- "Dry needling" of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins or insertions will be denied as not medically necessary.
- Acupuncture with or without subsequent electrical stimulation (when performed as an adjunct with peripheral nerve blocks), prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents will be denied as not medically necessary.



Background

Paravertebral facet joint block is used to both diagnose and treat lumbar zygapophysial (facet joint) pain. Facet joint pain syndrome is a challenging diagnosis as there are no specific history, physical examination or radiological imaging findings that point exclusively to the diagnosis. However, this diagnosis is considered if the individual describes nonspecific, achy, low back pain that is located deep in the paravertebral area. A detailed physical examination of the spine should be performed on all individuals. Radiological imaging is often done as part of the workup of persistent chronic back pain to exclude other diagnoses.

Diagnostic blocks are used to assess the relative contribution of sympathetic and somatosensory nerves in relation to the pain syndrome and to localize the nerve(s) responsible for the pain or neuromuscular dysfunction, particularly when multiple sources of pain are potentially present. Imaging guidance must be used for both diagnostic and therapeutic injections to assure that the injection is properly placed.

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History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Nerve block, paravertebral, facet joint, and sacroiliac (SI) injections may be considered medically necessary when criteria are met.
11/01/20	Annual Review, approved October 22, 2020. No changes to policy statement, references updated.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement, references updated. Added CPT 64451.
01/01/23	Annual Review, approved December 12, 2022. No changes to policy statement, references updated. Changed the wording from "patient" to "individual" throughout the policy for standardization.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement, references updated.



Date	Comments
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.
04/01/25	Annual Review, approved March 24, 2025. Minor updates to policy statement wording. References updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

