



Network Notification

Date: December 3, 2012

Number: OH-P-2012-42

To: Ohio Providers

From: CareSource

Subject: Facet Joint and/or Joint Nerve Injection Policy, Sacro-iliac Joint Injection Policy

CPT Code: 64490-64495 and 27096

Effective Date: October 1, 2012

The purpose of this document is to outline the CareSource reimbursement policy related to Facet Joint Injections and/or Facet Joint Nerve Injections (CPT 64490-64495) and SI joint injections (CPT 27096).

Policy:

Facet Joint and/or Facet Joint Nerve Injections

CareSource will consider Facet Joint and/or Facet joint Nerve Injections medically necessary for evaluation and short term treatment of sub-acute non-radiating pain that is unresponsive within a reasonable period of time to a well-managed course of conservative therapy, including anti-inflammatories, physical therapy and other alternative treatments.

- Facet joint/nerve injections should be limited to 3 adjacent levels per treatment session or 2 bilateral treatment levels per session.
- More than 2 treatment sessions per anatomic area (cervical, thoracic, lumbar, and sacral) or a total of 12 facet joint/nerve injections within a 12 month period, regardless of anatomic area, will require prior authorization.

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Sacro-iliac joint injections

Sacro-iliac joint injections utilizing local anesthetic and/or corticosteroid medication has been shown to be effective for diagnostic purposes and short term relief from pain resulting from SI joint dysfunction. Pain management literature highlighting controlled studies of SI joint pain management has not demonstrated injections of the SI joint to be effective as a long term management modality.

- SI joint injections greater than 2 in a 12 month period will require prior authorization.

Additional Information:

Monitored anesthesia (as defined by CPT codes 01991, 01992, 01935 and 01936) is considered not medically necessary when provided in conjunction with all of the Facet Joint and/or Facet Joint Nerve Injections defined in this policy and payment will be denied. Denials for anesthesia services will be reviewed only on appeal with supportive medical necessity documentation.

For additional information relating to medical policy regarding this service, please review the CareSource Medical Policy titled "Pain Management Interventional Procedures Policy".