



Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

MEDICAL POLICY STATEMENT North Carolina Marketplace

Policy Name & Number	Date Effective
Peripheral Nerve Blocks for Treatment of Pain-NC MP-MM-1402	05/01/2023-05/31/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addition Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject**Peripheral Nerve Blocks for Treatment of Pain****B. Background**

Peripheral nerve blocks are injections of medication into a specific area of the body where nerves cause pain to a specific organ or body region. Nerve blocks cause the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks and may or may not contain a steroid, which can be used to treat pain or block pain signals. Various areas of pain require different types of nerve blocks that can be administered in numerous parts of the body with some of the most common blocks including sympathetic, peripheral, and occipital blocks.

Sacroiliac and facet joint interventions, epidural steroid injections, and trigger point injections are addressed in other policies.

C. Definitions

- **Acute Pain** - Pain lasting four (4) weeks or less.
- **Ambulatory Surgery** - Surgery performed in a hospital-based or freestanding ambulatory surgery center (ASC) with patient discharge the same day.
- **Chronic Pain** - A distressing feeling often caused by intense or damaging stimuli (pain) lasting more than three (3) months, which is considered beyond normal healing time.
- **Conservative Therapy** - A multimodality plan of care for treating pain non-surgically, including active and inactive conservative therapies. Not all the following may be covered by plan benefits and are only possible examples.
 - **Active Conservative Therapies** - A type of action or activity to strengthen supporting muscle groups and target key spinal structures, including physical therapy, occupational therapy, a physician-supervised home exercise program (HEP), and/or chiropractic care.
 - **HEP** - A six-week program requiring an exercise prescription and/or plan and a follow-up, or inability to complete due to a physical reason, documented in the medical record, not including patient inconvenience and/or noncompliance.
 - **Inactive Conservative Therapies** - Lack of activity on behalf of the patient that aids in treating symptoms associated with pain, but not necessarily the underlying source, including rest, ice, heat, medical devices, acupuncture, a Transcutaneous Electrical Nerve Stimulation (TENS) unit, and/or prescription medications.
 - **TENS** - A durable medical equipment device dispensed by prescription. Use, frequency, duration, and start dates must be documented in the medical record to be considered part of conservative therapy during the period of prior authorization request.
- **Emergent** - Medically necessary care which is immediately needed to preserve life, prevent serious impairment to bodily functions, organs, or parts, or prevent placing the physical or mental health of a patient in serious jeopardy.

- **Low-Risk Procedure** - Procedures associated with minimal physiologic effect and excludes any intrathoracic, intra-abdominal, vascular, or orthopedic procedures.
- **Sub-Acute Pain** - Pain lasting between four (4) and twelve (12) weeks.

D. Policy

I. CareSource considers peripheral nerve blocks, single injection, medically necessary when appropriate documentation for the treatment of acute pain or chronic pain are included, only as part of an active component of a comprehensive pain management program. CareSource uses MCG Health guidelines to address criteria for specific nerve blocks. Documentation must include indications that **ALL** of the following criteria are met:

- A. Ambulatory or outpatient procedure that is not emergent, low risk, and requires no inpatient care for a preoperative disease or condition (e.g., altered mental status, hypotension, hypoxemia, tachycardia)
- B. Acute, sub-acute or chronic, neuropathic or radicular pain, as indicated by one (1) or more of the following:
 1. Cancer-related pain
 2. Complex Regional Pain Syndrome (CRPS)
 3. Peripheral neuropathy with pain that limits activities of daily living, excluding diabetic neuropathy
 4. Peripheral vascular disease with rest pain
 5. Acute herpes zoster of face or neck and prevention of postherpetic neuralgia
 6. Pancreatic pain, pelvic pain, or abdominal pain related to malignancy
 7. Chronic, relapsing pancreatitis
- C. Symptoms poorly controlled by maximum medical therapy or intolerable side effects to such therapy
- D. Failure of non-invasive treatment(s) (e.g., non-steroidal anti-inflammatory drugs (NSAIDs), exercise, physical therapy, spinal manipulation therapy)
- E. No coagulopathy or thrombocytopenia
- F. No infection at or underlying the injection site

II. Acute or Sub-Acute Pain

Peripheral nerve blocks may provide means of analgesia for acute pain in the following (not an all-inclusive list):

- A. Patients at risk of respiratory depression related to systemic or neuraxial opioids (e.g., obstructive sleep apnea, severe obesity, underlying pulmonary disease, advanced age).
- B. Patients with another indication to minimize opioid use (e.g., chronic opioid use, intolerance to opioids).
- C. Patients with acute, severe pain, poorly managed with systemic medication.
- D. Patients who cannot tolerate chiropractic or other physical and/or manipulative therapies.

III. Chronic Pain

CareSource considers peripheral nerve blocks, single injection, medically necessary when appropriate documentation for the treatment of chronic pain is included, only

as part of an active component of a comprehensive pain management program when the following criteria are met:

- A. Failure of conservative therapy, as evidenced by **ALL** the following:
 - 1. Documentation in the medical record of at least 6 weeks of active conservative therapy (e.g., physical therapy, occupational therapy, physician supervised home exercise program, chiropractic care) within the past 6 months OR inability to complete active conservative therapy due to contraindication, increased pain, or intolerance;
 - 2. Documentation in the medical record of at least 6 weeks inactive conservative therapy (e.g., rest, ice, heat, TENS use, pharmacotherapy (prescription or over the counter [e.g., non-steroidal anti-inflammatory drugs, acetaminophen])) within the past 6 months;
- B. There is insufficient evidence to support the use of peripheral nerve blocks for the following for treatment of **chronic** pain, or pain lasting more than three (3) months:
 - 1. Genicular nerve or branches for chronic knee pain
 - 2. Cluneal nerve injections or blocks for chronic low back pain or pelvic pain
 - 3. Pudendal blocks for chronic pelvic pain conditions.

IV. Peripheral Radiofrequency Ablation (RFA) or Neurotomy

Conventional, cooled, and pulsed peripheral RFA are considered experimental and investigational due to insufficient evidence of efficacy in the peer reviewed literature.

V. Limitations and Exclusions

Peripheral nerve blocks are not covered for any of the following for chronic or acute pain:

- A. The maximum number of peripheral nerve blocks a member can receive in a rolling twelve (12) months is a total of six (6).
- B. More than 2 anatomic sites (e.g., specific nerve, plexus, or branch as defined by CPT code description) are injected at any one session.
- C. Treatment of peripheral neuropathy due to diabetes.
- D. Use of nerve blocks with or without use of electrostimulation for treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases. Medical management using systemic medications is clinically indicated for the treatment of these conditions.
- E. Nerve blocks used as part of a surgical procedure or other medical procedure are not separately reimbursable but an inclusive component of that procedure. These injections will not be compensated separately or unbundled for coverage.
- F. Any procedure submitted for payment with an incorrect CPT code or description will be denied. It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. If requesting a block to a specific part of the body, coding to the highest level of specificity should be used.

E. Conditions of Coverage

NA

F. Related Policies/Rules
NA

G. Review/Revision History

DATE		ACTION
Date Issued	02/15/2023	
Date Revised		
Date Effective	05/01/2023	
Date Archived	05/31/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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