



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	06/01/2025
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 Addiction 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.

Table of Contents

A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	3
E. Conditions of Coverage	4
F. Related Policies/Rules	4
G. Review/Revision History	5
H. References	5

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 impulse conduction in peripheral nerves or nerve trunks and may or may not contain a steroid, which can be used to treat pain. 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 being sympathetic, peripheral, and occipital.

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

C. Definitions

- **Acute Pain** – Pain lasting less than 4 weeks.
- **Ambulatory Surgery** – Surgery performed in a hospital-based or freestanding ambulatory surgery center (ASC) with patient discharge the same day.
- **Chronic Pain** – Pain lasting more than 3 months, which is considered beyond normal healing time.
- **Conservative Therapy** – A multimodality plan of care including both active and inactive conservative therapies.
 - **Active Conservative Therapies** – Action or activities that strengthen 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 6-week program requiring an exercise prescription and/or plan and a follow-up documented in the medical record after completion, or documentation of the inability to complete due to a stated physical reason (ie, increased pain, inability to physically perform exercise). Patient inconvenience and/or noncompliance without explanation does not constitute an inability to complete.
 - **Inactive Conservative Therapies** – Passive activities that aid in treating symptoms associated with pain, including rest, ice, heat, medical devices, acupuncture, TENS unit, and/or pharmacotherapy (prescription or over the counter [non-steroidal anti-inflammatory drugs, acetaminophen]).
 - **Transcutaneous Electrical Nerve Stimulator (TENS)** – A device that utilizes electrical current delivered through electrodes placed on the surface of the skin to decrease the patient's perception of pain by inhibiting the transmission of afferent pain nerve impulses and/or stimulating the release of endorphins. Use, frequency, duration, and start dates must be documented in the medical record.
- **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.

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

- **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 4 to 12 weeks.

D. Policy

- I. CareSource considers peripheral nerve blocks (PNB), 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** 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 (eg, altered mental status, hypotension, hypoxemia, tachycardia)
 - B. Acute, sub-acute or chronic, neuropathic or radicular pain, as indicated by **ONE 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) (eg, 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

PNB 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 (eg, obstructive sleep apnea, severe obesity, underlying pulmonary disease, advanced age).
 - B. Patients with another indication to minimize opioid use (eg, 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 PNB, single injection, medically necessary when appropriate documentation for the treatment of chronic pain is included, only as part of an active

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

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 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 within the past 6 months.
- B. Insufficient evidence supports the use of PNB for **chronic** pain:
 - 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

Radiofrequency ablation and/or neurotomy are considered experimental and investigational, or unproven for any indication, including but not limited to the treatment of acute or chronic pain due to insufficient evidence of efficacy in the peer reviewed literature.

V. Limitations and Exclusions

- A. A member can receive a maximum of 6 injections per area and anatomical side in a calendar year.
- B. Up to 2 anatomic sites (eg, specific nerve, plexus, or branch as defined by CPT code description) can be injected at any one session.
- C. 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.
- D. 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. Exclusions
 - 1. Treatment of peripheral neuropathy due to diabetes.
 - 2. 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. Conditions of Coverage

N/A

F. Related Policies/Rules

- Epidural Steroid Injections
- Facet Joint Interventions
- Sacroiliac Joint Procedures

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

- Trigger Point Injections

G. Review/Revision History

DATE		ACTION
Date Issued	02/15/2023	
Date Revised	02/28/2024	Annual Review; Approved at Committee
	07/03/2024	Revision - clarified limitations in D.V.A. Approved at Committee.
	02/26/2025	Annual review, references updated. Approved at Committee.
Date Effective	06/01/2025	
Date Archived		

H. References

1. Ailani J, Burch RC, Robbins MS; American Headache Society. The American Headache Society consensus statement: update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039. doi:10.1111/head.14153
2. Allen SM, Mookadam F, Cha SS, et al. Greater occipital nerve block for acute treatment of migraine headache: a large retrospective cohort study. *J Am Board Fam Med*. 2018;31(2):211-218. doi:10.3122/jabfm.2018.02.170188
3. American Headache Society. AHS consensus statement: The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59(1):1-18. doi:10.1111/head.13456
4. Antolak S, Antolak C, Lendway L. Measuring the quality of pudendal nerve perineural injections. *Pain Physician*. 2016;19:299-306. Accessed February 9, 2025. www.pubmed.ncbi.nlm.nih.gov
5. Caponnetto V, Ornello R, Frattale I, et al. Efficacy and safety of greater occipital nerve block for the treatment of cervicogenic headache: a systematic review. *Expert Rev Neurotherapeutics*. 2021; 21(5):591-597. doi:10.1080/14737175.2021.1903320
6. Chang A, Dua A, Singh K, White BA. Peripheral nerve blocks. *StatPearls*. StatPearls Publishing; 2024. Accessed February 9, 2025. www.ncbi.nlm.nih.gov
7. Chou R. Subacute and chronic low back pain: nonsurgical interventional treatment. UpToDate. Updated May 15, 2024. Accessed February 9, 2025. www.uptodate.com
8. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain. *MMWR Recomm Rep*. 2022;71(3):1-95. doi:10.15585/mmwr.rr7103a1
9. Evidence Analysis Research Brief: Pudendal Nerve Decompression Surgery for Treatment of Pudendal Neuralgia. Hayes; 2022. Accessed February 9, 2025. www.evidence.hayesinc.com
10. Evidence Analysis Research Brief: Radiofrequency Ablation of Cluneal Nerve for Treatment of Chronic Low Back Pain. Hayes; 2023. Accessed February 9, 2025.
11. Evolving Evidence Review: Middle Cluneal Nerve Block for Treatment of Low Back Pain. Hayes; 2022. Reviewed April 4, 2023. Accessed February 9, 2025. www.evidence.hayesinc.com
12. Evolving Evidence Review: Superior Cluneal Nerve Block for Treatment of Low Back Pain. Hayes; 2021. Reviewed December 18, 2024. Accessed February 9, 2025. www.evidence.hayesinc.com

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

13. Frank FT, Sawsan A. Chronic pelvic pain in adult females: treatment. UpToDate. Updated August 16, 2024. Accessed February 9, 2025. www.uptodate.com
14. Garza I. Occipital neuralgia. UpToDate. Updated December 17, 2024. Accessed February 9, 2025. www.uptodate.com
15. Garza I, Schwedt TJ. Chronic migraine. UpToDate. Updated October 3, 2024. Accessed February 9, 2025. www.uptodate.com
16. Gautam S, Gupta N, Khuba S, et al. Evaluation of the efficacy of superior cluneal nerve block in low back pain: a prospective observational study. *J Bodyw Mov Ther.* 2022;30:221-225. doi:10.1016/j.jbmt.2022.03.001
17. *Headaches in Over 12s: Diagnosis and Management.* National Institute for Excellence; 2012. CG150. Updated December 17, 2021. Accessed February 9, 2025. www.nice.org
18. Health Technology Assessment: Genicular Nerve Block for the Treatment of Knee Osteoarthritis. Hayes; 2023. Reviewed December 19, 2024. Accessed February 9, 2025. www.evidence.hayesinc.com
19. Health Technology Assessment: Greater Occipital Nerve Blocks for Treatment of Migraine. Hayes; 2019. Reviewed October 10, 2022. Accessed February 9, 2025. www.evidence.hayesinc.com
20. Health Technology Assessment: Local Injection Therapy for Cervicogenic Headache and Occipital Neuralgia. Hayes; 2017. Reviewed November 15, 2021. Accessed February 9, 2025. www.evidence.hayesinc.com
21. Health Technology Assessment: Peripheral Nerve Field Stimulation for Treatment of Chronic Low Back Pain. Hayes; 2021. Reviewed April 17, 2024. Accessed February 9, 2025. www.evidence.hayesinc.com
22. Hui J, Seko K, Shrikhande G, et al. A novel, nonopioid-based treatment approach to men with urologic chronic pelvic pain syndrome using ultrasound-guided nerve hydrodissection and pelvic floor musculature trigger point injections. *Neurourol Urodyn.* 2020;39(2):658-664. doi:10.1002/nau.24242
23. Inan L, Inan N, Unal-Artik H, et al. Greater occipital nerve block in migraine prophylaxis: narrative review. *Cephalalgia.* 2019;39:908-920. doi:10.1177/0333102418821669
24. Isu T, Kim K, Morimoto D, Iwamoto N. Superior and middle cluneal nerve entrapment as a cause of low back pain. *Neurospine.* 2018;15(1):25-32. doi:10.14245/ns.1836024.012
25. Jeng C, Rosenblatt M. Overview of peripheral nerve blocks. UpToDate. Updated January 10, 2024. Accessed February 9, 2025. www.uptodate.com
26. Matsumoto J, Isu T, Kim K, et al. Middle cluneal nerve entrapment mimics sacroiliac joint pain. *Acta Neurochir (Wien).* 2019;161(4):657-661. doi:10.1007/s00701-019-03861-0
27. Mustafa A, Brooks B, Leishear K, et al. A novel treatment approach for women with chronic pelvic pain syndrome leading to increased pelvic functionality. *J Womens Health Gyn.* 2020;7:1-10. doi:10.17303/jwhg.2020.7.402
28. Nielsen TD, Moriggi B, Barckman J, et al. Randomized trial of ultrasound-guided superior cluneal nerve block. *Reg Anesth Pain Med.* 2019;44:772-780. doi:10.1136/rapm-2018-100174

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

29. Ornello R, Lambru G, Caponnetto V, et al. Efficacy and safety of greater occipital nerve block for the treatment of cluster headache: a systematic review and meta-analysis. *Expert Rev Neurotherapeutics*. 2020;20(11):1157-1167. doi:10.1080/14737175.2020.1809379
30. Pilitsis JG, Khazen O. Occipital neuralgia. American Academy of Neurological Surgeons (AANS). Accessed February 9, 2025. www.aans.org
31. Plavnik K, Tenaglia A, Hill C, et al. A novel, non-opioid treatment for chronic pelvic pain in women with previously treated endometriosis utilizing pelvic-floor musculature trigger-point injections and peripheral nerve hydrodissection. *PM R*. 2020;12(7):655-662. doi:10.1002/pmrj.12258
32. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on chronic pain management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010;112(4):810-833. doi:10.1097/ALN.0b013e3181c43103
33. Shaully O, Gould DJ, Sahai-Srivastava S, et al. Greater occipital nerve block for the treatment of chronic migraine headaches: a systematic review and meta-analysis. *Plast Reconstr Surg*. 2019;144(4):943-952. doi:10.1097/PRS.00000006059
34. Tu FF, As-Sanie S. Chronic pelvic pain in adult females: evaluation. UpToDate. Updated August 16, 2024. Accessed February 9, 2025. www.uptodate.com
35. Watson JC. Cervicogenic headache. UpToDate. Updated March 12, 2024. Accessed February 9, 2025. www.uptodate.com
36. Wray JK, Dixon B, Przkora R. Radiofrequency ablation. *StatPearls*. StatPearls Publishing; 2025. Accessed February 9, 2025. www.ncbi.nlm.nih.gov