MEDICAL POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Peripheral Nerve Blocks for Treatment of Pain-MP-MM-1401	06/01/2025
	Kentucky Inactive 01/01/2026
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.

This policy applies to the following Marketplace(s):				
☒ **Georgia**	☒ **Indiana**	☒ **Kentucky**	☒ **Ohio**	☒ **West Virginia**

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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 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 that lasts 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 including both active and inactive conservative therapies.
    - **Active Conservative Therapies** – Actions 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 exercises). Patient inconvenience and/or noncompliance without explanation does not constitute inability to complete.
    - **Inactive Conservative Therapies** – Passive activities by the member that aid in treating symptoms with pain, including rest, ice, heat, medical devices, acupuncture, TENS use, and/or pharmacotherapy (prescription or over the counter [eg, NSAIDS, acetaminophen]).
        - **Transcutaneous Electrical Nerve Stimulator (TENS)** – A device that utilizes electrical current directed 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 stimulate 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.

- **Low-Risk Procedure** – Procedures associated with minimal physiologic effect and exclude any intrathoracic, intra-abdominal, vascular, or orthopedic procedures.
- **Sub-Acute Pain** – Pain lasting between 4 and 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 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) may 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. State-Specific Information
N/A

F. Conditions of Coverage

Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by healthcare providers within their scope of practice who are qualified to deliver these health services.

G. Related Policies/Rules

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

H. Review/Revision History

	DATE	ACTION
Date Issued	05/01/2023	
Date Revised	02/28/2024 07/03/2024 02/26/2025	Annual review- editorial changes; Approved at Committee Revision - clarified limitations in D.V.A. Approved at Committee. Annual review, references updated. Approved at Committee.
Date Effective	06/01/2025	
Date Archived		

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