Pain Management of Peripheral Nerves By Injection

Policy ID:	HHO-DE-MP-1165
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	12/15/2021; 03/01/2023
Original Effective Date:	01/15/2022; 04/01/2023
Annual Approval Date:	10/27/2021; 09/28/2022
Last Revision Date:	10/27/2021; 09/28/2022
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 6

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

1. Prior authorization is not required.

2. Peripheral nerve blocks involve the injection of chemical substances, such as local anesthetics, steroids, sclerosing agents and/or neurolytic agents into or near nerves to affect therapy for a pathological condition, such as entrapment, or to provide a local anesthetic block prior to a surgical procedure at a distal site (e.g., digital block for surgical repair).

3. Pain management of peripheral nerves by injection may be considered medically necessary for ANY of the following indications:

- Carpal tunnel injection indications:
  - Individuals with pain and paresthesia radiating to the forearm, and elbow; or
  - Individual has failed conservative measures such as orthoses, oral agents or are contraindicated; or
  - As adjunctive therapy to systemic agents for an inflammatory arthritis when those agents have not yet become effective and the patient experiences a relative entrapment syndrome manifested by moderate to severe pain; or
  - Weakness in the median nerve distribution.
- Tarsal tunnel syndrome (without history of trauma):
  - Individuals that have failed conservative measures such as but not limited to:
    - Shoe modification; or
    - Orthotics; or
    - Nonsteroidal anti-inflammatory drugs (NSAIDs).
- Plantar fasciitis injections indications:
  - Individual that has failed conservative measures(within two to three months) such as but not limited to:
    - Stretching exercises for the plantar fascia and calf muscles done at home; or
    - Avoidance of use of flat shoes and walking barefoot; or
    - Use of prefabricated, over-the-counter, silicone heel shoe inserts; or
    - Short-term trial (two to three weeks) of nonsteroidal anti-inflammatory drugs (NSAIDS);or
    - Injecting the tender areas of the plantar regions with glucocorticoids and a local anesthetic; or

When ultrasound guidance is reported, only one (1) unit of service will be reimbursed per date of service per provider.

The signs or symptoms that justify peripheral nerve blocks should be resolved after one (1) to (4) injections at a specific site. Injections beyond three (4) per benefit period year are considered not medically necessary.

Injections of more than two (2) sites at one (1) session or for frequent or repeated injections is considered not medically necessary.

"Dry needling" of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins/insertions is considered not medically necessary.

Acupuncture is not to be billed with the procedure codes in this policy. Acupuncture with or without subsequent electrical stimulation is considered not medically necessary.

4. Neuromas

- Short-term Injections of local anesthetics and/or steroids into interdigital neuromas (Morton's, Heuter's, Hauser's, and Iselin's) may be considered medically necessary to relieve pain or dysfunction resulting from inflammation or other pathological changes
- Alcohol injection into interdigital neuromas (Morton's, Heuter's, Hauser's, and Iselin's) for the treatment of peripheral nerve pain is considered experimental/investigational; and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.
- Short-term injections of local anesthetics first and then if effective, a neurolytic agent such as phenol into post-amputee neuromas may be considered medically necessary to relieve pain.

Neurolytic agents, local anesthetics, or steroid injections not meeting the criteria as indicated in this policy are considered not medically necessary.

5. Trigger Point Injections

Trigger point injections with anesthetic and/or corticosteroid may be considered medically necessary for the treatment of myofascial pain syndrome when ALL the following criteria have been met:

- There is a regional pain complaint in the expected distribution of referral pain from a trigger point; and
- There is spot tenderness in a palpable taut band in a muscle; and
- There is restricted range of motion; and
- Conservative therapy (i.e., physical therapy, active exercises, ultrasound, heating or cooling, massage, activity modification, or pharmacotherapy) for six (6) weeks fails or is not feasible; and
- Trigger point injections are provided as a component of a comprehensive therapy program.

Trigger point injections beyond twelve (12) per benefit year are considered not medically necessary.

Trigger point injections not meeting the criteria as indicated in this policy are considered not medically necessary.

6. Occipital Nerve Blocks

Occipital nerve blocks with anesthetic and/or corticosteroid may be considered medically necessary for the treatment for ANY of the following conditions:

- Occipital neuralgia; or
- Cervicogenic headache; or
- Migraine; or
- Cluster headache.

Occipital nerve blocks with anesthetic may be performed every four to six (4-6) weeks if clinically indicated. The individual must receive at least 51% or greater benefit from the occipital nerve block prior to repeat procedure. Occipital nerve blocks with anesthetic beyond twelve (12) per benefit year are considered not medically necessary.

Occipital nerve blocks with corticosteroids may be performed every three (3) months if clinically indicated. The individual must receive at least 51% or greater benefit from the occipital nerve block prior to repeat procedure. Occipital nerve blocks with corticosteroids beyond four (4) per benefit year are considered not medically necessary.

Please note an individual may receive a MAXIMUM of twelve (12) occipital blocks per benefit year (in any combination of anesthetic and/or corticosteroid). Occipital nerve blocks with corticosteroids and/or anesthetics beyond twelve (12) per benefit year are considered not medically necessary.

Occipital nerve blocks not meeting the criteria as indicated in this policy are considered not medically necessary.

ELIGIBLE PROCEDURE CODES

CPT Codes	Description
20526	Injection, therapeutic (e.g., local anesthetic, corticosteroid), carpal tunnel.
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar “fascia”).
20551	Injection(s); single tendon origin/insertion.
20552	Injection(s); Single or Multiple Triger Point(s), One or Two Muscle(s)
20553	Injection(s); Single or Multiple Triger Point(s), Three Or More Muscle(s)
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s).
20561	Needle insertion(s) without injection(s); 3 or more muscles.
64405	Injection(s), Anesthetic Agent(s) And/or Steroid; Greater Occipital Nerve
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch.
64455	Injection(s), anesthetic agent(s) and/or steroid, plantar common digital nerve(s) (e.g., Morton’s neuroma).
64632	Destruction by neurolytic agent; plantar common digital nerve.
64640	Destruction by neurolytic agent; other peripheral nerve or branch.
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation.

Covered Diagnosis codes for Procedure code 20526

G56.01	G56.02	G56.03		

Covered Diagnosis codes for Procedure code 28899

G57.50	G57.51	G57.52	G57.53	

Covered Diagnosis codes for Procedure codes 64455 and 64632

G57.60	G57.61	G57.62	G57.63	G57.80
G57.81	G57.82	G57.83	G57.90	G57.91
G57.92	G57.93			

Covered Diagnosis codes for Procedure code 64405

G43.001	G43.009	G43.011	G43.019	G43.101
G43.109	G43.111	G43.119	G43.401	G43.409
G43.411	G43.419	G43.501	G43.509	G43.511

G43.519	G43.601	G43.609	G43.611	G43.619
G43.701	G43.709	G43.711	G43.719	G43.801
G43.809	G43.811	G43.819	G43.901	G43.909
G43.911	G43.919	G44.001	G44.009	G44.021
G44.029	G44.86	M54.81		

References

Bansal P. Dexmedetomidine as an adjuvant to local anaesthetic agents in peripheral nerve blocks: A review. J Clin Diagn Res. 2019;13(1).

Guay J, Johnson L, Kopp S. Nerve blocks or no nerve blocks for pain control after elective hip replacement (arthroplasty) surgery in adults. Cochrane Database Syst Rev. 2017;(10).

Evers S, Bryan AJ, Sanders TL, et al. Corticosteroid injections for carpal tunnel syndrome: Longterm follow-up in a population-based cohort. Plast Reconstr Surg. 2017;140(2):338.

Zhang X, Xu Y, Zhou J, et al. Ultrasound-guided alcohol neurolysis and radiofrequency ablation of painful stump neuroma: Effective treatments for post-amputation pain. J Pain Res. 2017; 10:295.

Trojian T, Tucker AK. Plantar Fasciitis. Am Fam Physician. 2019;99(12):744-750.

Johannsen FE, Herzog RB, Malmgaard-Clausen NM, et al. Corticosteroid injection is the best treatment in plantar fasciitis if combined with controlled training. Knee Surg Sports Traumatol Arthrosc. 2019;27(1):5-12.

Jiménez Del Barrio S, Bueno Gracia E, Hidalgo García C, et al. Conservative treatment in patients with mild to moderate carpal tunnel syndrome: A systematic review. Neurologia (Engl Ed). 2018;33(9):590-601.

Thomson L, Aujla RS, Divall P, Bhatia M. Non-surgical treatments for Morton's neuroma: A systematic review. Foot Ankle Surg. 2020;26(7):736-743.

Bhatia M, Thomson L. Morton's neuroma - Current concepts review. J Clin Orthop Trauma. 2020;11(3):406-409.

Ebied AM, Nguyen DT, Dang T. Evaluation of occipital nerve blocks for acute pain relief of migraines. J Clin Pharmacol. 2020;60(3):378-383.

Blake P, Burstein R. Emerging evidence of occipital nerve compression in unremitting head and neck pain. J Headache Pain. 2019;20(1):76.

Wei J, Robbins MS. Greater occipital nerve injection versus oral steroids for short term prophylaxis of cluster headache: A retrospective comparative study. Headache. 2018;58(6):852- 858.

Juškys R, Šustickas G. Effectiveness of treatment of occipital neuralgia using the nerve block technique: A prospective analysis of 44 patients. Acta Med Litu. 2018;25(2):53-60.

Puledda F, Goadsby PJ, Prabhakar P. Treatment of disabling headache with greater occipital nerve injections in a large population of childhood and adolescent patients: A service evaluation. J Headache Pain. 2018;19(1):5.

Karadaş Ö, Özön AÖ, Özçelik F, Özge A. Greater occipital nerve block in the treatment of triptanoveruse headache: A randomized comparative study. Acta Neurol Scand. 2017;135(4):426-433.

Chowdhury S, Datta D, Mundra A. role of greater occipital nerve block in headache disorders: A narrative Review. Neurol India. 2021;69(Supplement): S228-S256.

Kim DH, Choi SS, Yoon SH, et al. Ultrasound-guided genicular nerve block for knee osteoarthritis: A double-blind, randomized controlled trial of local anesthetic alone or in combination with corticosteroid. Pain Physician. 2018;21(1):41-52.

Elsaman AM, Maaty A, Hamed A. Genicular nerve block in rheumatoid arthritis: A randomized clinical trial. Clin Rheumatol. 2021;40(11):4501-4509.

Hayes, Inc. Hayes Health Technology Assessment. Greater Occipital Nerve Blocks for Treatment of Migraine. Lansdale, PA: Hayes, Inc.; 09/05/2019.

Hayes, Inc. Hayes Health Technology Assessment. Local Injection Therapy for Cervicogenic Headache and Occipital Neuralgia. Lansdale, PA: Hayes, Inc.; 09/28/2017.

Hayes, Inc. Hayes Health Technology Assessment. Genicular Nerve Block for the Management of Knee Pain. Lansdale, PA: Hayes, Inc.; 06/24/2020.

Dubrovsky AS. Nerve blocks in pediatric and adolescent headache disorders. Curr Pain Headache Rep. 2017;21(12):50.

Affaitati G, Costantini R, Tana C, et al. Effects of topical vs injection treatment of cervical myofascial trigger points on headache symptoms in migraine patients: A retrospective analysis. J Headache Pain. 2018;19(1):104.

POLICY UPDATE HISTORY

09/28/2022	Approved in Medical Policy Committee
10/2022	Approved in QI/UM