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** Please note: The Clinical Coverage Guideline (CCG) is intended to supplement certain standard Alignment Health (Alignment) benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific mandates. Information is current at time of approval by the Quality Improvement Committee (QIC) and are subject to change.*

AHC Injections for Chronic Pain Conditions

MCG Health
Ambulatory Care
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[Link to Codes](#)

- Clinical Indications
- Alternatives
- Committee Approval
- References
- Application
- Policy Revision History
- Footnotes
- Codes

Clinical Indications

Injections for chronic pain conditions may be given for either diagnostic or therapeutic (treatment) purposes and may include trigger point injections, dry needling of trigger points and/or peripheral nerve blocks. These injections are often included as part of a pain management program.

- Regional sympathetic nerve blocks may be covered when the following criteria are met:
 - Diagnosis for sympathetically mediated complex regional pain syndrome (CRPS) is suspected as evidenced by ALL of the following criteria being met:
 - Continued, ongoing pain, disproportionate to any inciting event (eg, surgery, trauma); AND
 - ONE or more symptoms from EACH of the following categories:
 - Sensory: hyperesthesia, allodynia
 - Vasomotor: temperature asymmetry, skin color changes, skin color asymmetry
 - Sudomotor/edema: edema, sweating changes, sweating asymmetry
 - Motor/trophic: decreased range of motion (ROM), motor dysfunction (weakness, tremor, dystonia), trophic changes (hair, nails, skin)
 - ONE or more findings on physical exam in TWO or more of the following categories:
 - Sensory: evidence of: hyperalgesia (to pinprick), allodynia (to light touch)
 - Vasomotor: evidence of: temperature asymmetry, skin color changes, skin color asymmetry
 - Sudomotor/edema: evidence of: edema, sweating changes, sweating asymmetry
 - Motor/trophic: evidence of: decreased ROM, motor dysfunction (weakness, tremor, dystonia), trophic changes (hair, nails, skin);
 - Failure to improve after 12 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including ALL of the following:
 - Activity/lifestyle modification; AND
 - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics, etc.) if medically appropriate and not contraindicated; AND
 - Physical therapy (PT) and/or a healthcare provider-directed home exercise program (HEP)
 - Utilization of these blocks is to be with the intent to allow participation in an active rehabilitation program

- Real-time imaging guidance (ie, CT scan or fluoroscopy) must be used to assure proper needle placement for either diagnostic or therapeutic injections (this is considered integral to the primary procedure and not separately reimbursable)
- Diagnostic phase
 - A diagnostic block is performed to confirm (or disprove) the presence of sympathetically mediated CRPS; AND
 - A second diagnostic block may be performed if the initial block was successful (a 50% reduction in pain and improved function) and if performed within the first two weeks of the initial block; AND
 - If the diagnostic phase is completed and unsuccessful (less than 50% pain relief and no improvement in function), no further injections will be covered
- If the diagnostic phase is completed and successful (50% reduction in pain and improvement in function), therapeutic injections may be initiated; AND up to a maximum of six total blocks may be performed at a frequency of no more than one per week (per 12 month period†), if the following criteria are met:
 - A 50% reduction in pain is achieved; AND
 - Decrease in pain medication use; AND
 - Improved/increased functional ability (increased ROM, strength and use of the extremity in activities of daily living [ADLs], increased tolerance to touch); AND
 - Ongoing participation in an active rehabilitation program
- Trigger point injections for the treatment of myofascial pain syndrome may be covered when the following criteria are met:
 - Presence of symptomatic palpable trigger point(s); AND
 - Failure to improve after 12 consecutive weeks of conservative treatment under the direction of a healthcare professional within the past 12 months, including ALL of the following:
 - Activity/lifestyle modification; AND
 - Medications (eg, nonsteroidal anti-inflammatory drugs [NSAIDs], non-narcotic analgesics, etc.) if medically appropriate and not contraindicated; AND
 - Physical therapy (PT) and/or a healthcare provider-directed home exercise program (HEP)
 - Diagnostic (Stabilization) Phase:
 - During the diagnostic phase (stabilization phase), individuals may receive injections at intervals of no sooner than one week; AND
 - • Up to four sets of injections may be necessary to diagnose the source of the individual's pain and achieve a therapeutic effect; AND
 - If diagnostic (stabilization) phase is completed and unsuccessful [A] , no further injections are covered
 - Therapeutic Phase:
 - If the diagnostic (stabilization) phase is completed, the frequency of injections must be at least two months apart during the therapeutic phase, provided the individual has at least a 50% relief in pain and/or symptoms for six weeks; AND
 - Total of six sessions of therapeutic trigger point injections per 12 month period may be performed only upon return of pain and/or deterioration in function AND only when responsiveness to prior injections has occurred (ie, the individual should have at least a 50% reduction in pain and/or symptoms for six weeks)
- The following injections are not covered for any indication, including for management/treatment of chronic pain. These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.
 - Cluneal nerve block; OR
 - Coccygeal nerve block; OR
 - Ganglion impar block; OR
 - Genicular nerve block; OR
 - Iliotibial (IT) band injection; OR
 - Intradiscal injection with ANY substance (eg, allogenic cellular product, allogenic tissue-based product, mesenchymal stem cells, methylene blue, notochordal cell-derived matrix, oxygen/ozone, platelet rich plasma [PRP], steroids, tumor necrosis factor [TNF] alpha, etc.);
 - Obturator nerve block; OR
 - Paravertebral block (paravertebral blocks may be appropriate when used for immediate post op pain management, for specific surgical procedures, however, this indication is outside of the scope of this guideline); OR
 - Pedicle screw block/hardware block of instrumentation used in spinal fusions; OR
 - Repetitive peripheral nerve blocks for chronic nonmalignant pain; OR
 - Sacrococcygeal junction/sacrococcygeal ligament injection (for any indication, including coccydynia); OR

- Splanchnic nerve block

Alternatives

- Alternatives to epidural steroid injections, facet injections/medial branch nerve blocks and sacroiliac joint injections include, but may not be limited to, the following:
 - Orthopedic braces
 - Orthopedic/neurological surgery
- Alternatives to peripheral nerve blocks include, but may not be limited to, the following:
 - Physical therapy
 - Prescription drug therapy

Committee Approval

- 01/09/2024, 02/20/2025

References

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- American Academy of Orthopedic Surgeons (AAOS). Evidence-Based Guideline. 2nd edition. Treatment of osteoarthritis of the knee. <http://www.aaos.org>. Published 2013.
- American Society of Regional Anesthesia and Pain Medicine (ASRA). Complex regional pain syndrome. <https://www.asra.com>. Published August 6, 2019.
- Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Cluneal nerve block for treatment of low back pain. <https://evidence.hayesinc.com>. Published March 27, 2020.
- Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Genicular nerve blocks for knee pain. <https://evidence.hayesinc.com>. Published March 20, 2020.
- Hayes, Inc. Health Technology Brief. Ganglion impar block or radiofrequency thermocoagulation for treatment of chronic coccydynia. <https://evidence.hayesinc.com>. Published December 4, 2018.
- Lavelle E, Lavelle W, Smith H. Myofascial trigger points. Medical Clinics of North America. 2007;91(2):229-239.

Application

- This policy applies to the following states: Nevada, North Carolina, and Texas.
- This policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:
 - Arizona -- please refer to Local Coverage Determination L35457
 - California -- please refer to Local Coverage Determination L35456
- Please refer to the CMS website for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Policy Revision History

- 05/26/2022: Creation date
- 03/27/2023, 11/03/2023, 12/11/2023: Revision
- 11/12/2024: Annual review, Applicable states updated, Florida removed.

Footnotes

[A] A successful diagnostic (stabilization) phase is one in which there is a 50% reduction in pain and/or symptoms. [A in Context Link 1]

Codes

CPT® : 20550, 20551, 20552, 20553, 20560, 20561, 20605, 20999, 22899, 27096, 62320, 62321, 62322, 62323, 64450, 64451, 64454, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64640, 64680, 64999, 76942, 77003, 77012

