



ND

Medical Policies



Print

Policy Number: Z-52

Policy Name: Pain Management by Injection

Policy Type: Medical

Policy Subtype: Miscellaneous

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

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.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Peripheral nerve injections 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 individual experiences a relative entrapment syndrome manifested by moderate to severe pain; **or**

- Weakness in the median nerve distribution.
- Tarsal tunnel injection indications (without history of trauma):
 - Individuals that have failed conservative measures such as but not limited to:
 - Shoe modification; **or**
 - Orthotics; **or**
 - Non-steroidal anti-inflammatory drugs (NSAIDs).
- Plantar fasciitis injection indications:
 - Individual that has failed conservative measures (within two to three (2 to 3) 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 non-steroidal anti-inflammatory drugs (NSAIDs); **or**
 - Injecting the tender areas of the plantar regions with glucocorticoids and a local anesthetic; **or**
 - Activity modification.

Peripheral nerve injections for any other indication not meeting the criteria as indicated in this policy are considered not medically necessary.

The signs or symptoms that justify peripheral nerve blocks should be resolved after one (1) to four (4) injections at a specific site. Injections beyond four (4) per benefit 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.

Procedure Codes

20526	20550	20551	20552	20553	28899	64405
64450	76942					

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

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.

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, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

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

Procedure Codes

64455	64632	64640
-------	-------	-------

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** of 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.

Procedure Codes

20552	20553
-------	-------

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 percent 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 percent 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

Procedure Code

64405

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis Codes for Procedure Code 20526

G56.01	G56.02	G56.03
--------	--------	--------

Covered Diagnosis Codes for Procedure Code 28899

G57.51	G57.52	G57.53
--------	--------	--------

Covered Diagnosis Codes for Procedure Codes 64455 and 64632

G57.61	G57.62	G57.63	G57.81	G57.82	G57.83	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				

CURRENT CODING

CPT:

20526	INJECTION THERAPEUTIC CARPAL TUNNEL	Commercial
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	Commercial
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	Commercial
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	Commercial
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Commercial
28899	UNLISTED PROCEDURE FOOT/TOES	Commercial
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Commercial
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	Commercial
64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	Commercial
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	Commercial
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Commercial
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Commercial
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	Medicaid Expansion
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	Medicaid Expansion
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	Medicaid Expansion
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	Medicaid Expansion
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	Medicaid Expansion
28899	UNLISTED PROCEDURE FOOT/TOES	Medicaid Expansion
64405	INJECTION AA&/STRD GREATER OCCIPITAL NERVE	Medicaid Expansion
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	Medicaid Expansion

64455	NJX AA&/STRD PLANTAR COMMON DIGITAL NERVES	Medicaid Expansion
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	Medicaid Expansion
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	Medicaid Expansion
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	Medicaid Expansion

References

1. Trojian T, Tucker AK. Plantar Fasciitis. *Am Fam Physician*. 2019;99(12):744- 750.
2. 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.
3. 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.
4. Bhatia M, Thomson L. Morton's neuroma - Current concepts review. *J Clin Orthop Trauma*. 2020;11(3):406-409.
5. 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.
6. Blake P, Burstein R. Emerging evidence of occipital nerve compression in unremitting head and neck pain. *J Headache Pain*. 2019;20(1):76.
7. 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.
8. Elsaman AM, Maaty A, Hamed A. Genicular nerve block in rheumatoid arthritis: A randomized clinical trial. *Clin Rheumatol*. 2021;40(11):4501-4509.
9. Hayes, Inc. Hayes Health Technology Assessment. *Greater Occipital Nerve Blocks for Treatment of Migraine*. Lansdale, PA: Hayes, Inc.; 09/05/2019.
10. Hayes, Inc. Hayes Health Technology Assessment. *Genicular Nerve Block for the Management of Knee Pain*. Lansdale, PA: Hayes, Inc.; 06/24/2020.
11. 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.
12. Fernández-De-Las-Peñas C, Plaza-Manzano G, Sanchez-Infante J, et al. Is dry needling effective when combined with other therapies for myofascial trigger points associated with neck pain symptoms? A systematic review and meta- analysis. *Pain Res Manag*. 2021;2021:8836427.
13. Hamzoian H, Zograbyan V. Trigger point injections versus medical management for acute myofascial pain: A systematic review and meta- analysis. *Cureus*. 2023;15(8):e43424.
14. Atesok K, Pierce J, Small B, Perumal V, Cooper T, Park J. The course of tarsal tunnel syndrome after ultrasound-guided injections. *Orthop Rev (Pavia)*. 2022;14(4):35455.
15. Choi JY, Lee HI, Hong WH, Suh JS, Hur JW. Corticosteroid injection for morton's interdigital neuroma: A systematic review. *Clin Orthop Surg*. 2021;13(2):266-277.
16. Tantanap A, Patisumpitawong W, Lee S. Comparison of the effects of physiologic saline interfascial and lidocaine trigger point injections in treatment of myofascial pain syndrome: A double-blind randomized controlled trial. *Arch Rehabil Res Clin Transl*. 2021;3(2):100119.

17. Evans AG, Joseph KS, Samouil MM, et al. Nerve blocks for occipital headaches: A systematic review and meta-analysis. *J Anaesthesiol Clin Pharmacol*. 2023;39(2):170-180.

ND Committee Review

Internal Medical Policy Committee 1-22-2020 *Effective March 2, 2020*

- **Removed** paragraph regarding Dry Needling due to this is now a separate policy

Internal Medical Policy Committee 9-21-2020 Coding update: *Effective November 02, 2020*

- **Added** Diagnosis Codes: M19.09; M19.19; M19.29; M24.19; M24.29; M25.39; and M25.59

Internal Medical Policy Committee 9-21-2021 Annual Review-no changes to criteria, *Effective November 01, 2021*

- **Updated** references.

Internal Medical Policy Committee 5-24-2022 Revision with Coding update *Effective July 04, 2022*

- **Added** Procedure Code: 20552; 20553; 64405; and
- **Removed** Procedure Code G9770

Internal Medical Policy Committee 7-21-2022 Coding update - *Effective September 5, 2022*

- **Removed** Procedure Codes 20560; and 20561

Internal Medical Policy Committee 7-26-2023 Annual Review - No changes in criteria *Effective September 04, 2023*

Internal Medical Policy Committee 5-14-2024 Revision with Coding update - *Effective July 01, 2024*

- **Updated** verbiage and clerical updates; and
- **Removed** Diagnosis Codes G57.50; G57.60; G57.80; and
- **Updated** references; and
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.

