 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Pain Management Invasive Procedures
	PRODUCT LINE:	All
	POLICY NUMBER:	UM94
	ORIGINAL POLICY EFFECTIVE DATE:	02/20/2017
	LAST REVISED DATE:	02/10/2023
	LAST REVIEWED DATE:	02/10/2023

**SCOPE:** To ensure Group Health Cooperative of Eau Claire consistently and correctly administers pain management procedures such as nerve blocks, injections, and ablation procedures. benefits to all members according to policy benefits and medical necessity criteria.


**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to review prior authorization requests for the nerve blocks, injections, and ablation procedures.

**PROCEDURE: Prior Authorization Required:** Yes, prior authorization is required for the following pain management procedures/injections.

1. Cryoablation facet joint (64999): Experimental/investigational
2. Cryoablation of the intercostal nerve (64620): Experimental/investigational
3. Laser ablation (64999): Experimental/investigational
4. Chemical or Cryoneurolysis (ablation): Experimental/investigational
5. Radiofrequency ablation (RFA) of hip, knee, sacroiliac (SI) joint or intercostal nerves: Experimental/investigational
6. Cooled radiofrequency ablation (RFA) (64999): Experimental/investigational
7. Pulsed radiofrequency ablation (RFA) (64999): Experimental/investigational
8. Non-pulsed (thermal) radiofrequency ablation (RFA) [facet neurotomy, facet rhizotomy, or articular rhizolysis] (64633-64636): InterQual
9. Facet joint injection (zygapophysial joint injection, or medial branch block) (64490-64495): InterQual
10. Destruction by neurolytic agent (64600-64632 and 64640-64681): review with CMO
11. Peripheral nerve blocks (64400-64450) that are not for acute post-operative pain control: Advisor review required
12. Intercostal nerve block (64420-64421): InterQual
13. Cluneal nerve block (64450): Experimental/investigational
14. Genicular nerve block (64450): Experimental/investigational
15. Obturator nerve block for treatment of chronic pain (64450): Experimental/investigational
16. Rhizotomy (extradural transection of spinal nerves)
17. Sphenopalatine ganglion block: Experimental/investigational
18. Suprascapular nerve block (64418): Experimental/investigational
19. Occipital nerve block (64405): Experimental/investigational
20. Coccygeal ganglion block (64520): Experimental/investigational
21. Celiac plexus block (64530): Experimental/investigational

The following interventions are considered experimental and investigational for the treatment of cervicogenic headache, occipital neuralgia, and migraine because their effectiveness for this indication has not been established.

- decompressive neck surgery
- electrical stimulation

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- local injections of anesthetics or corticosteroids
- radiofrequency denervation of cervical facet joints
- cervical rhizotomy
- dorsal column stimulation
- neurectomy
- occipital nerve block
- supraorbital nerve block
- supratrochlear nerve block
- zygomaticotemporal nerve block
- electrical stimulation of the sphenopalatine ganglion
- deep brain stimulation
- occipital nerve stimulation
- sub-occipital nerve stimulation
- supraorbital nerve stimulation
- occipital nerve decompression, neurolysis, neurectomy, transection, surgical release or avulsion
- supraorbital nerve decompression, neurolysis, neurectomy, transection, surgical release or avulsion
- supratrochlear nerve decompression, neurolysis, neurectomy, transection, surgical release, or avulsion
- zygomaticotemporal nerve decompression, neurolysis, neurectomy, transection, surgical release, or avulsion


**Peripheral Nerve Blocks that do not require PA:**

The following nerve blocks do not require a PA:


1. Femoral nerve blocks for acute post-operative pain after knee replacement surgery or herniorrhaphy

\*\*Steroid injections of the SI (sacroiliac) joint (27096) or other joints (26XXX or 25XXX) **do not** require PA.

\*\*Epidural injections (62320-62327, 64479-64480, 64483-64484) **do not** require PA.

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Reference source, if applicable: N/A

APPROVED: 

DATE: 2/10/2023

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
01/02/2020	Michele Bauer, MD, CMO	Updated criteria for RF
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
07/20/2021	Michele Bauer, MD, CMO	Added rhizotomy
08/10/2021	Michele Bauer, MD, CMO	Added sphenopalatine ganglion block
02/15/2022	Michele Bauer, MD, CMO	Added criteria for invasive procedures for headache management from Policy No. 015. Retired Policy No. 015
02/10/2023	Michele Bauer, MD, CMO	Added cryoneurolysis criteria and peripheral nerve blocks require advisor review.