Benefit Coverage

<table>
<thead>
<tr>
<th>Covered Benefit for lines of business including:</th>
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<tr>
<td>Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity</td>
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<th>Excluded from Coverage:</th>
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<td>Extended Family Planning (EFP)</td>
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All injections and ablations covered under these pain management codes are covered by Neighborhood Health Plan of Rhode Island, but will only permit procedures in hospitals if there is no other in-network facility that the provider can use for patient services.

Definitions

**Epidural steroid injections** are done with fluoroscopic guidance into the interlaminar between the two vertebrae closest to the involved spinal nerve root. There are three approaches to performing epidural steroid injections – interlaminar, transfenoral and caudal epidural steroid injection.

Epidural steroid injections are indicated for treatment of radicular pain (pain which goes down a limb in a specific nerve distribution) arising from the spinal column as in spinal stenosis, disc herniation or degenerative disc disease. Epidurography or injection of dye into the epidural space will be considered part of the treatment procedure and is not reimbursed separately.

**Facet joint injections** are indicated for diagnosis and treatment of pain originating from inflammation of the facet joints. They are done under fluoroscopic guidance. Diagnostic injections are done with a local anesthetic to confirm the specific level of pain prior to other management using therapeutic facet injection or radiofrequency facet joint denervation. Therapeutic injections use a long acting anesthetic and/or steroid for extended pain relief.

**Sacroiliac (SI) intra-articular joint injections** are indicated for treatment of pain originating from inflammation of the sacroiliac joint. They are done under fluoroscopic guidance.

**Radiofrequency ablation** of nerve fibers of the median branch of a spinal sensory nerve is a modality for treating pain arising from the spinal facet joints. Radiofrequency pulses are delivered through a needle which is inserted under fluoroscopic guidance. Anesthesia, beyond local anesthetic, is contraindicated. Rhizotomy will only be considered for a patient whose history and physical confirms pain originating from the facet joint, who has had a positive response to a median nerve block with local anesthetic, and who has had a positive but limited response to steroid injection into the facet joint.

**Neurolytic techniques** produce analgesia by destroying afferent neural pathways or sympathetic structures that may be a pathway for either sympathetic efferent or afferent nerves that are involved in pain transmission. This can be done with the injection of a material that damages the nerve, with cryotherapy or with heat. Traditional methods for peripheral nerve block mainly consisted of neurolytic agents such as phenol and alcohol. However, with the development of other nondestructive analgesic approaches to
blocking somatic and sympathetic nerves, these neurolytic procedures mainly occur in cancer patients with advanced disease, whose pain is unresponsive to conservative therapies. They are most commonly used in celiac plexus neurolysis for pain originating from upper abdominal malignancy (particularly pancreatic cancer), superior hypogastic plexus neurolysis and intractable facial pain.

**Chronic back pain** is defined as back pain persisting more than three months despite the use of conservative therapy, including physical therapy and medications and not due to malignancy.

Neighborhood’s expectation is that the above interventions are to be part of a comprehensive pain management strategy, which may include but is not limited to physical/occupational therapy, weight loss, smoking cessation, and pharmacologic management of pain.

**Coverage Determination**

1. All procedures require prior authorization including all evaluation, treatment, and follow-up visits after treatment.

All requests are to be submitted on Neighborhood’s Pain Management Prior Authorization Patient Information Form, available on Neighborhood’s website, [www.nhpri.org](http://www.nhpri.org). Requests with incomplete information will be returned for completion prior to review.

Retroactive requests for procedures already performed may not be covered.

Neighborhood Health Plan of Rhode Island allows the procedures as follows:

**Epidural injections:**
- Up to three (3) injections in a six (6)-month period.
- Evidence of physical therapy or self-directed low impact exercise sessions after the injection, prior to a subsequent injection.

**Facet Joint injections:**
- Three (3) adjacent joint levels may have to be injected to determine the facet level from which the pain originates.
- For diagnostic injections, there is a minimum of three (3) weeks between injections.
- For therapeutic injections, there must be a minimum of two (2) months between treatments.
- Up to three (3) facet injections are allowed for the same site and level in a six (6)-month period.

**Sacroiliac Joint injections:**
- For diagnostic injections, there is a minimum of three (3) weeks between injections.
- Minimum of two (2) months between therapeutic treatments.
- If the member experiences no symptom relief or functional improvement after the SI joint injection, additional sacroiliac joint injections are not considered medically necessary.
Radio Frequency Facet Joint Denervation

- Patient must have history of positive but limited response to steroid injections into the facet joint. Prior to consideration of rhizotomy, the patient must have a positive response to a median nerve block with 0.2-0.5 cc of either a short acting or long acting local anesthetic agents at the level to be treated. Test block injection is done with local anesthetic alone, without steroids. It will not be permitted if the response to the nerve block is inadequate to determine the need for the procedure.
- No more than three (3) spinal levels may be treated per visit. Bilateral treatment is allowed.
- Retreatment may not be done less than six (6) months from initial rhizotomy.

General Guidelines and Documentation:
Documentation of all of the following is required for prior authorization:

- A maximum of six (6) injections total (any procedure type) are allowed per twelve (12) month period.
- History and clinical exam including appropriate symptoms and physical signs supporting the rationale for the procedure must be submitted for each treatment requested.
- Prior to any therapeutic injection (new or repeated) there must be a documented pain management strategy with the rationale to include:
  - smoking cessation,
  - weight loss,
  - physical therapy or counseling. (See Pain Management Prior Authorization Patient Information Form)

NOTE: Repeat injections would be considered necessary only if there is return of pain and deterioration of ability to perform ADLs.

- Requests for retreatment of a site more than six months from the initial injection date require documentation of an overall pain management strategy.
- AMD/Physician Advisor review is required for the following circumstances:
  - More than three (3) injections in six (6) months or more than six (6) injections in twelve (12) months.
  - Sedation or anesthesia for the procedure beyond use of local anesthetic agent is planned.
  - Procedure is scheduled at the same visit as another pain management procedure/injection at same or different site.
  - Procedure is to be performed without fluoroscopy.
  - No comprehensive pain management treatment plan is documented.
For additional injections, after the first three (3) OR more than six (6) months after the last treatment of the same issue, the physician must document date, clinical response, and duration of response from previous treatment in terms of % of pain reduction.

Exclusions
Pain Management procedures outlined above will not be covered under the following circumstances:

1. The physical exam and history do not clearly describe the rationale for the procedure.
2. The patient has exceeded the maximum allowable number of injections.
3. Retreatment is being requested, and clinician has not documented outcome of prior treatments.
4. For epidural injections, after the first 3, if requests for subsequent injections are not accompanied by documentation of physical therapy visits or the patient's efforts at self-directed low impact exercise and the response to these.
5. Neurolytic agents except in the case of malignancy with pain unresponsive to traditional, conservative methods.

CMP Cross Reference:

Created: July 2013
Annual Review Month: March
Revision Dates: 5/19/2015, 12/15/2015, 12/15/2016
CMC Review Date: 03/18/2014, 5/19/2015, 1/5/2016, 01/10/2017
Medical Director Approval Dates: 03/21/2014, 6/8/2015, 1/5/2016, 1/26/2017
Effective Dates: 03/21/2014, 6/8/2015, 1/5/2016, 7/1/2016, 1/30/2017

Disclaimer:

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References:
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Pain Physician 2007; 10:229-253

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