



Nerve Blocks

I. Policy

University Health Alliance (UHA) will reimburse for the use of nerve blocks when determined to be medically necessary and within the medical criteria guidelines (subject to limitations and exclusions) indicated below. A nerve block is a form of regional anesthesia. Peripheral nerve blocks entail the injection of corticosteroids, local anesthetics, neurolytic agents and/or sclerosing agents into or near peripheral nerves or nerve ganglion resulting in the temporary interruption of conduction of impulses in peripheral nerves or nerve trunks. Peripheral nerve blocks attempt to block pain signals and in theory provide prolonged relief from pain. They are used for a variety of surgical procedures in both inpatient and outpatient settings. Surgeons can participate in the administration of preemptive local anesthesia, periarticular infiltration, and the use of other long acting adjuvant interventions

II. Criteria/Guidelines

A. UHA considers the following nerve blocks medically necessary:

1. Celiac nerve block for the treatment of cancer/malignancy pain
2. Cervical plexus block (superficial and deep) for post-operative analgesia after anterior cervical discectomy fusion, and for neck surgery (e.g., thyroid surgery) and regional anesthesia for carotid endarterectomy
3. Combined infraclavicular-suprascapular nerve blocks for post-operative pain control after arthroscopic shoulder surgery
4. Fascia iliaca block for acute hip fracture, and post-operative pain control following hip (including arthroscopic hip surgery) and knee surgeries
5. Femoral nerve blocks for acute post-operative pain after knee replacement surgery
6. Infraclavicular nerve block in upper extremity surgery
7. Intercostal nerve blocks for acute intercostal pain, and for chronic intercostal neuritis as part of a comprehensive pain management program
8. Intercostobrachial nerve block for management of tourniquet pain during surgery
9. IPACK (infiltration between popliteal artery and capsule of the knee) block for pain control following ankle arthroplasty, anterior cruciate ligament repair, knee arthroscopy, medial meniscectomy, or total knee arthroplasty
10. Lateral femoral cutaneous nerve block for meralgia paresthetica (lateral femoral cutaneous nerve entrapment) when conservative management (e.g., non-opioid analgesics or anticonvulsants such as carbamazepine, gabapentin or phenytoin) has failed; and pain control after total hip arthroplasty (THA)
11. Lumbar plexus block for post-operative pain control after THA
12. Pectoral plane nerve blocks for post-operative pain control after breast cancer surgery/mastectomy
13. Peripheral nerve blocks (continuous or single injection) for the treatment of
 - a. acute pain, and

- b. for chronic pain only as part of an active component of a comprehensive pain management program
 - 14. Peripheral nerve blocks for the treatment of chronic pain post-herniorrhaphy to avoid more aggressive treatments (e.g., surgery), and post-operative pain control after arthroscopic debridement of the ankle
 - 15. Popliteal block for hallux valgus correction surgery, and open reduction internal fixation of ankle fracture
 - 16. Posterior tibial nerve block for post-operative pain control after Achilles tendon repair
 - 17. Pre-operative adductor canal block for post-operative pain management after anterior cruciate ligament reconstruction
 - 18. Quadratus lumborum nerve block for post-operative pain control after abdominal and hip surgeries
 - 19. Radial nerve block for post-operative pain control after carpometacarpal joint arthroplasty and De Quervain's tendon release
 - 20. Rectus sheath block for post-operative pain control after cholecystectomy
 - 21. Saphenous nerve block for post-operative pain management
 - 22. Splanchnic nerve block for the treatment of cancer/malignancy pain
 - 23. Stellate ganglion block for diagnosis of sympathetically mediated pain and treatment of complex regional pain syndrome (CRPS) of the hand and arm if it is used as part of a rehabilitation program and the member has failed standard pharmacotherapies (e.g., non-steroidal anti-inflammatory drug [NSAID], topical lidocaine cream)
 - 24. Transversus abdominis plane (TAP) block for abdominal surgery
 - 25. Ultrasound (US)-guided celiac plexus block for inoperable pancreatic cancer and abdominal pain requiring opioid analgesics, and as a "last resort" for pain from chronic pancreatitis that are refractory to high doses of opiates
 - 26. US-guided supraclavicular block as regional anesthesia during surgeries and/or post-operative pain control to the distal two-thirds of the upper extremity, or from the mid-humerus to the fingertips.
- B. UHA considers the following nerve blocks experimental and investigational (not an all-inclusive list) because their effectiveness for these indications has not been established:
- 1. Calcaneal nerve block for plantar fasciitis
 - 2. Cervical plexus block (superficial and deep) for the management of post-operative pain after clavicle open reduction and internal fixation, or shoulder surgery; and for the treatment of chronic radicular pain/post-laminectomy syndrome

3. Cluneal nerve block (including treatment of chronic pelvic pain)
4. Genicular nerve block
5. Combined infraclavicular-suprascapular blocks for shoulder surgery
6. Erector spinae plane (ESP) block for post-operative pain control after total hip arthroplasty
7. Facial nerve block for the treatment of headache/neuralgia
8. Ganglion impar block
9. Genitofemoral nerve block for the treatment of chronic pelvic/suprapubic pain
10. Greater auricular nerve block for headache
11. Greater occipital nerve blocks for the diagnosis and treatment of neck and upper back pain
12. Ilioinguinal nerve block for chronic pelvic pain syndrome
13. Infraclavicular nerve block for the treatment of chronic pain
14. Intellicath (a nerve-blocking device) for the treatment of chronic pelvic pain
15. Intercostal nerve blocks for the sole treatment of chronic intercostal neuritis
16. Lateral pectoral nerve block for shoulder pain
17. Nerve block for excision of ganglion cyst in the lower extremity
18. Nerve block for hemicrania continua
19. Nerve hydro dissection for the treatment of peripheral nerve entrapment
20. Obturator nerve block for treatment of chronic pain
21. Occipital nerve block for the treatment of occipital neuralgia
22. Paravertebral block for treatment of chronic pain
23. Pectoralis minor nerve block for pectoralis minor syndrome and thoracic outlet syndrome
24. Pedicle screw block/hardware block of spinal instrumentation
25. Pericapsular nerve group (PENG) block for the management of post-operative pain
26. Peripheral nerve block as sole treatment for chronic pain
27. Peripheral nerve blocks (e.g., greater occipital (GON), supratrochlear (STN), and supraorbital (SON) nerve blocks) for the treatment of post-herpetic neuralgia, and prevention or treatment of headaches including (migraine headaches and treatment-refractory migraine in pregnancy), and for the treatment of short-lasting unilateral neuralgiform headaches.

28. Popliteal nerve block for post-operative pain control after anterior cruciate ligament repair
29. Posterior femoral cutaneous nerve block for the management of pelvic pain, myofascial pain syndrome, and vaginismus
30. Pudendal nerve block for the management of chronic pelvic pain, myofascial pain syndrome, and vaginismus
31. Quadratus lumborum nerve block for post-operative pain control after THA
32. Repetitive peripheral nerve blocks for chronic non-malignant pain
33. Saphenous nerve block for the treatment of chronic pain related to osteoarthritis of the ankle and foot, and saphenous neuralgia
34. Serratus anterior plane block for the management of post-operative pain/post-thoracotomy pain,
35. Spinal accessory nerve block for the treatment of neck pain and upper back pain
36. Spinal accessory nerve block for post-operative pain control
37. Splanchnic nerve block for the treatment of abdominal pain
38. Stellate ganglion block for cervicalgia, cervical facet joint syndrome, headache, neuropathic pain (other than CRPS), occipital and trigeminal neuralgia, and ulcerative colitis
39. Suboccipital nerve block for suboccipital neuralgia
40. Subscapular nerve block for the treatment of chronic upper extremity pain
41. Superficial peroneal nerve block for the treatment of chronic pain related to osteoarthritis of the ankle and foot
42. Superior hypogastric nerve block for neurogenic pelvic pain and pain relief following abdominal hysterectomy
43. Superior laryngeal nerve block for laryngeal dehydration, glottal fry, and throat pain,
44. Supraorbital nerve block for the treatment of temporomandibular joint (TMJ) disorder
45. Suprascapular nerve block for the treatment of adhesive capsulitis, cervical spondylosis, chronic upper extremity pain, hemiplegic shoulder pain in individuals with chronic stroke, and low back pain
46. Supratrochlear block for headache/neuralgia
47. Sural nerve block for the treatment of chronic pain related to osteoarthritis of the ankle and foot
48. Transversus abdominis plane (TAP) block for post-operative analgesia following lumbar fusion, and after THA
49. US-guided erector spinae plane (ESP) block for the management of chronic myofascial pain syndrome, and post-operative pain.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation through direct peer communication.

III. Limitations/Exclusions

- A. The use of a peripheral nerve block for pain is not a reason for a hospital stay if members have an otherwise uncomplicated out-patient procedure.
 - 1. To achieve post operative pain relief after knee procedures (TKA in particular,) UHA will reimburse for no more than two approved blocks.
- B. The use of peripheral nerve blocks must be performed by skilled and knowledgeable clinicians.
- C. Genicular Nerve Blocks are non-covered.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. When a nerve block is billed with unlisted or miscellaneous codes, UHA requires the following additional information accompanying the request or claim:
 - 1. A clear definition or description of the nature, extent and need for the procedure. Indicate why it cannot be addressed with the standard coded CPT procedures.
 - 2. An operative report.
 - 3. Provide a reasonably comparable service code/procedure
- C. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

V. Policy History

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