

Meeting: Utilization Management Committee	Date: 6/12/2025
Title/Topic: Medical Policy – Nerve Blocks and Ablation Therapy for the Treatment of Pain	Policy Number: n05698
Purpose: Annual Review	Outcome: Approve
Line of Business: Commercial and Medicare	Effective Date: 6/18/2026

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Peripheral nerve blocks are used to temporarily disrupt the transmission of pain for either diagnostic or therapeutic purposes.

1. Diagnostic block is used to isolate the cause of pain, if the cause of pain is already known the block is no longer diagnostic in purpose.
2. Therapeutic is used to treat pain in which is already known.

Destruction of nerves via ablation including the following techniques (chemical, thermal, radiofrequency, cryotherapy, or other modalities) are used to reduce acute or chronic pain by preventing the transmission of pain signals.

This medical policy provides guidance for Utilization Management Coordinators (nurse reviewers) regarding determinations involving the medical necessity of for nerve blocks and ablation therapies for pain.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Significant updates were made to the coverage indications of this medical policy to align with current medical recommendations/standards of care and to align more closely with industry standards for coverage. References were updated and CPT/HCPCS codes were reviewed and updated.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

The Centers for Medicare/Medicaid (CMS) has guidance related to peripheral nerve blocks however do not speak to the nerve ablations. Local Coverage Article: Billing and Coding: Peripheral Nerve Blocks (A57452) and Local Coverage Determination (LCD): Peripheral Nerve Blocks (L36850).

MCG has specific criteria for Occipital nerve block only.

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

Local Coverage Article: Billing and Coding: Peripheral Nerve Blocks (A57452)

Local Coverage Determination (LCD): Peripheral Nerve Blocks (L36850)

MCG Nerve Block, Occipital ACG:A-1033

American Society of Anesthesiologists (ASA) Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine (ASRA). Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine, *Anesthesiology* 2010 112:1-1

Choi WJ, Hwang SJ, Song JG, et al. Radiofrequency treatment relieves chronic knee osteoarthritis pain: a double-blind randomized controlled trial. *Pain* 2011;152:481– 487

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

06/18/2026-annual review, updated CPT codes, minor grammatical and formatting updates.

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy.

Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

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