

Clinical Policy: Peripheral Nerve Blocks and Ablation of Peripheral Nerves for Pain Management

Reference Number: MC.CP.MP.170

Date of Last Revision: 02/26

[Coding Implications](#)

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See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy outlines the medical necessity criteria for peripheral nerve blocks and peripheral nerve ablations and is intended for use by Medicare health plans affiliated with Centene Corporation® in Medicare Administrative Contractor (MAC) jurisdictions with an absence of full coverage criteria provided by the Centers for Medicare and Medicaid Services (CMS) and the applicable MAC. The policy criteria are sourced from Local Coverage Determinations (LCDs) Peripheral Nerve Blocks (L33933 and L36850) as well as data from randomized control trials.

Benefits of peripheral nerve blocks (PNB), when indicated, include the avoidance of respiratory suppression, and other complications of general anesthesia, as well as the provision of analgesia while minimizing opioid use.⁸ Risks of receiving PNBs include nerve injury, hematoma, local anesthetic systemic toxicity, allergic reaction, infection, myotoxicity, and secondary injury.⁸ For this reason, nerve blocks should only be performed when they have been proven to be safe and effective in order to reduce unnecessary risks to the recipient.

A very low-quality body of evidence regarding genicular nerve blocks (GNB) suggests that GNB combined with corticosteroid appears safe, but findings are inconsistent as to whether GNB resulted in statistically or clinically significant improvements in pain and daily function. The benefits and long-term effectiveness of genicular nerve blocks over standard therapies have not yet been established and, therefore, not proven to be beneficial.⁵

Note: For criteria applicable to non-Medicare plans, please see CP.MP.170 Nerve Blocks and Neurolysis for Pain Management.

Policy/Criteria

- I. It is the policy of Medicare health plans affiliated with Centene Corporation® that peripheral nerve blocks will be considered **medically reasonable and necessary** for conditions such as the following diagnostic and/or therapeutic purposes:
 - A. When pain appears to be due to a classic mononeuritis but the neuro-diagnostic studies have failed to provide a structural explanation;
Note: selective peripheral nerve blockade can usually clarify the situation, but this is only for diagnostic purposes and not long-term treatment.^{1,3}
 - B. When peripheral nerve injuries/entrapment or other extremity trauma leads to complex regional pain syndrome^{1,3};
 - C. When selective peripheral nerve blockade is used diagnostically in those cases in which the clinical picture is unclear^{1,3};
 - D. When an occipital nerve block is used to confirm the clinical impression of the presence of occipital neuralgia^{1,3};
 - E. When the suprascapular nerve block is used to confirm the diagnosis of suspected entrapment of the nerve^{1,3};
 - F. When the trigeminal nerve is blocked centrally at the trigeminal ganglion, along one of

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the three divisions or at one of the many peripheral terminal branches (i.e., supraorbital nerve)¹;

G. Nerve block or continuous peripheral nerve block as preemptive analgesia when a single injection peripheral nerve block provides post-surgical pain control, one of the following^{1,3}:

1. During the transition to oral analgesics;
2. In those procedures which cause severe pain normally uncontrolled by oral analgesics;
3. In cases otherwise requiring control with intravenous or parenteral narcotics;
4. In cases where the patient cannot tolerate treatment with narcotics due to allergy or side effects, etc.

II. It is the policy of Medicare health plans affiliated with Centene Corporation that the following are considered **not medically necessary**^{1,3}:

- A. More than three injections per anatomic site (e.g., specific nerve, plexus or branch as defined by the CPT code description) in a six-month period;
- B. More than two anatomic sites (e.g., specific nerve, plexus or branch as defined by the CPT code description) injected at any one session;
- C. "Dry needling" of ganglion cysts, ligaments, neuromas, peripheral nerves, tendon sheaths and their origins/insertions, or any tissue are non-covered procedures.

III. It is the policy of Medicare health plans affiliated with Centene that there is insufficient evidence to support the use of peripheral nerve blocks for the following indications:

- A. In the treatment of diabetic peripheral neuropathy, peripheral neuropathies caused by other underlying systemic diseases or peripheral neuropathies caused by degenerative or idiopathic reasons^{1,3};
- B. Genicular nerve blocks for the treatment of knee osteoarthritis⁵;
- C. Peripheral nerve blocks with or without the use of electrostimulation, and the use of electrostimulation alone for neuropathies or peripheral neuropathies caused by underlying systemic diseases.^{1,3}

IV. It is the policy of Medicare health plans affiliated with Centene Corporation that there is insufficient evidence in the published peer-reviewed literature to support the use of peripheral/ganglion nerve blocks or neurolysis for any condition not indicated elsewhere in this policy, including chronic pain. There is ongoing research but insufficient evidence to establish efficacy.

V. It is the policy of Medicare health plans affiliated with Centene Corporation that effectiveness has not been established for peripheral nerve destruction using cryoablation or laser, chemical, electrical, or radiofrequency ablation. These procedures are considered **not medically necessary** for any of the following:

- A. Sacroiliac joint pain;
- B. Knee pain;
- C. Hip pain;
- D. Shoulder pain;
- E. Foot or heel pain;
- F. Headache;
- G. Intercostal neuralgia;
- H. Lower extremity pain due to any of the following:

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1. Complex regional pain syndrome;
2. Peripheral nerve entrapment/compression (e.g., tarsal tunnel syndrome, sciatica);
3. Peripheral neuropathy.

Background

Centers for Medicare & Medicaid Services

Peripheral nerves can be the cause of pain in a variety of conditions. Sometimes, the nerves are the source of the pain, and, sometimes, the nerves merely are carrying impulses from painful tissues. Examples may include post-herniorrhaphy pain (ilioinguinal / iliohypogastric / genitofemoral), iliac crest harvest syndromes (cluneal nerve, lateral femoral cutaneous nerve), carpal tunnel syndrome (median nerve), Morton’s neuroma, facial pain and headaches (trigeminal and occipital nerve).^{1,3}

Peripheral nerve blocks may be used for both diagnostic and therapeutic purposes. Diagnostically, a peripheral nerve block allows the clinician to isolate the specific cause of pain in an individual patient. The injection of local anesthetic, with or without steroid, may also provide an extended therapeutic benefit. If the patient does not achieve sustained relief, a denervation procedure via chemical, cryoneurolysis or radiofrequency may be effective at providing long-term relief.^{1,3}

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT® Codes | Description |
|-------------------|---|
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles |
| 64400 | Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) |
| 64405 | Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve |
| 64415 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed |
| 64416 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed |
| 64417 | Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed |
| 64418 | Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve |
| 64420 | Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level |
| 64421 | Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (list separately in addition to code for primary procedure) |
| 64425 | Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves |

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| CPT® Codes | Description |
|-------------------|---|
| 64430 | Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve |
| 64445 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed |
| 64446 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed |
| 64447 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed |
| 64448 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed |
| 64449 | Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) |
| 64450 | Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed |
| 64455 | Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma) |
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed |
| 64640 | Destruction by neurolytic agent; other peripheral nerve or branch |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|---|----------------------|----------------------|
| Policy developed. | 08/23 | 08/23 |
| Added criteria III.B. regarding genicular nerve blocks. | 02/24 | 02/24 |
| Annual review. Title of policy updated to include ablation of peripheral nerves for pain management. Description updated to include peripheral nerve ablations and minor grammatical updates. Updated Criteria I. from diagnostic and therapeutic purposes to diagnostic and/or therapeutic purposes. Added note to Criteria I.A. for clarity. Added Criteria IV. regarding the use of peripheral/ganglion nerve blocks or neurolysis for any condition not indicated elsewhere in this policy. Added Criteria V. regarding peripheral nerve destruction using cryoablation or laser, chemical, electrical, or radiofrequency ablation. Added CPT code 64640. References reviewed and updated. Reviewed by internal specialist and external specialist. | 02/25 | 02/25 |
| In the policy description, noted the policy intention is “for use by Medicare health plans affiliated with Centene Corporation® in Medicare Administrative Contractor (MAC) jurisdictions with an absence of full coverage criteria provided by the Centers for Medicare and Medicaid Services (CMS) and the applicable MAC.” | 12/25 | |
| Annual review. Description updated with no clinical significance. Updated formatting of criteria. Background updated with no clinical significance. Coding reviewed and updated. References reviewed and updated. | 02/26 | 03/26 |

References

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3. Local coverage determination: peripheral nerve blocks (L33933). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 1, 2015 (revised January 8, 2019). Accessed January 14, 2026.
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5. Health Technology Assessment. Genicular nerve block for treatment of knee osteoarthritis. Hayes. www.hayesinc.com. Published December 7, 2023 (annual review December 4, 2025). Accessed January 14, 2026.
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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