| PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE | | | | | |
|---|---|---|---|---|---|
| **POLICY TITLE** | **POLICY NUMBER** | **CRITERIA CHANGE** | **MATERIAL AMENDEMENT** | **EFFECTIVE DATE** | **LINK TO FULL POLICY** |
| **Pain Management, Facet Joint Block** | **1997248** | The following statement of non-coverage for steroid injection into facet joint removed:<br><br>Steroid injection into facet joints does not meet member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes and is not covered.<br><br>For members with contracts without Primary Coverage Criteria, Steroid injection into facet joints is considered not Medically Necessary or is investigational and is not covered for any indication or circumstance. Not Medically Necessary or Investigational services are specific contract exclusions in most member benefit certificates of coverage. | No | 11/15/2026 | https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=1997248 |