

02-61000-30

Original Effective Date: 02/15/04

Reviewed: 01/23/25

Revised: 02/15/25

Subject: Facet Joint Injections

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

The spine is the most common source of chronic pain. Chronic axial spinal pain is one of the major causes of disability and accounts for a substantial U.S. health burden. Chronic spine pain poses a peculiar diagnostic and therapeutic challenge due to multiple pain sources, overlapping clinical features, and nonspecific radiological findings.

The facet joints can cause axial spinal pain and referred pain in the extremities. The pathology of the pain source is due to facet joints being richly innervated by the nerve fibers from the medial branch of the dorsal ramus of spinal nerves. Each facet has a dual nerve supply. One exception is at the C2–C3 zygapophysial joint, which has a singular nerve supply from the third occipital nerve (the superficial medial branch of C3 dorsal ramus).

Facet joint interventions may be used in pain management for chronic back pain arising from the paravertebral facet joints. The facet block procedure is an injection of a local anesthetic, with or without a steroid medication, either into the facet joint (intra-articular or IA) or outside the joint space around the nerve supply to the joint (the medial branch nerve) known as medial branch block (MBB). Imaging guidance (fluoroscopy or CT) is used to assure accurate placement of the needle for the injection.

POSITION STATEMENT:

Facet joint injection general criteria

Facet joint injection or medial branch nerve block meets **the definition of medical necessity** for the diagnosis and treatment of chronic pain when **ALL** of the following criteria are met:

- Chronic neck or back pain suggestive of facet joint origin: predominantly axial, and/or aggravated by extension, rotation or lateral bending of the spine, and not associated with neurological deficits, **AND**
- Pain of ≥ 6 on a scale of 0 to 10, OR functional deficit, **AND***
- Absence of nonfacet pathology per clinical assessment or radiology imaging, including, but not limited to, fracture, infection, significant spinal deformity or tumor, **AND**
- Pain has been present for a minimum of 3 months with documented failure to respond to noninvasive conservative care management (as tolerated), **AND**
- No radiculopathy or neurogenic claudication (except for radiculopathy caused by facet joint synovial cyst)

*Pain assessment must be performed and documented at baseline, and after each injection.

Diagnostic facet joint injection

Diagnostic facet joint injection **meets the definition of medical necessity** when the following criteria are met:

- An initial diagnostic injection, when criteria outlined above are met, **OR** a second diagnostic injection at the same level (confirmatory) to establish validity of the initial diagnostic injection, performed a minimum of 2 weeks after the initial diagnostic injection, **AND**
- Injections are performed with CT or fluoroscopic guidance, **AND**
- Injections are limited to one spinal region (cervical, thoracic, lumbar, sacral) per session, **AND**
- No more than 2 diagnostic injection procedures per region per rolling 12 months

Therapeutic facet joint injection

Therapeutic facet joint injection **meets the definition of medical necessity** when the following criteria are met:

- Diagnostic injection provided at least 80% pain relief (with the duration of relief being consistent with the agent used), **AND**
- Subsequent therapeutic injections at the same anatomic site result in at least 50% pain relief for at least three (3) months from the prior therapeutic injection, **OR** at least 50% improvement in the ability to perform previously painful movements and ADLs as compared to baseline measurement, **AND**
- Injections are performed with CT or fluoroscopic guidance, **AND**
- Injections are limited to one spinal region (cervical, thoracic, lumbar, sacral) per session, **AND**
- No more than 4 therapeutic injection procedures per region per rolling 12 months

Facet joint injections performed with ultrasound guidance are considered **experimental or investigational**, as there is a lack of clinical scientific evidence published in peer-reviewed literature to permit conclusions on safety and net health outcomes.

BILLING/CODING INFORMATION:

CPT Coding

64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic, single level (investigational)
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (investigational)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level (s) (list separately in addition to code for primary procedure) (investigational)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level (investigational)
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) (investigational)
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound

	guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) (investigational)
--	--

ICD-10 Diagnosis Codes That Support Medical Necessity

M25.511, 512 M25.521, 522 M25.531, 532 M25.551, 552 M25.571, 572	Pain in shoulder
M47.14 – M47.18	Other spondylosis with myelopathy
M47.812 – M47.817	Spondylosis without myelopathy or radiculopathy
M47.892 – M47.897	Other spondylosis
M47.9	Spondylosis, unspecified
M54.2	Cervicalgia
M54.50, M54.51, M54.59	Low back pain, including vertebrogenic low back pain
M54.6	Pain in thoracic spine
M96.1	Postlaminectomy syndrome, not elsewhere classified

REIMBURSEMENT INFORMATION:

Refer to [POSITION STATEMENT](#).

LOINC Codes

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician Initial assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Radiology study report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan, plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage: The following Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Facet Joint Interventions for Pain Management (L33930), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Axial pain: also called mechanical pain, axial pain is confined to one spot or region. It may be described a number of ways, such as sharp or dull, comes and goes, constant, or throbbing.

Facet joint: each of four joints formed above and below and on either side of a vertebra by bony projections (articular processes). The smooth surface at the end of the bony projections is called a facet. Each vertebra has a bony projection on either side which angles downward on its lower side and a bony projection on either side that angles upward. The lower projections of one vertebra meet the upper projections of the vertebra below it, forming facet joints.

Paravertebral facet joint nerve: nerve innervating a facet joint. Each facet joint is innervated by two nerves that are branches of the posterior division of the spinal nerves immediately above and below the joint; also known as medial branch nerve.

RELATED GUIDELINES:

[Neurolysis/Ablation, 02-61000-34](#)

OTHER:

Other names used to report facet joint injections:

- Diagnostic medial branch block
- Facet block
- Spinal facet joint injections
- Spinal facet joint nerve block
- Zygapophyseal joint nerve block
- Z-joint injection

REFERENCES:

1. AHRQ National Guideline Clearinghouse Guideline Summary NGC-7951. 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 Apr;112(4):810-33.
2. AHRQ National Guideline Clearinghouse Guideline Summary NGC-8967. Assessment and management of chronic pain. Institute for Clinical Systems Improvement (ICSI); 2011 Nov.
3. AHRQ National Guideline Clearinghouse Guideline Summary NGC-9327. Low back disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011.
4. AHRQ National Guideline Clearinghouse Guideline Summary NGC-8518. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2011.
5. Alemo, S. Sayadipour, A. Chronic Mechanical Lower Back Pain. *J Neurolog Orthop Med Surg* (2008) 28(1): 5-11.
6. American Chronic Pain Association. ACPA Consumer Guide to Pain Medication & Treatment 2009. Epidurals, Nerve & Facet Blocks & Radiofrequency Ablation (Rhizotomy).
7. Ashmore ZM, Bies MM, Meiling JB, Moman RN, Hassett LC, Hunt CL, Cohen SP, Hooten WM. Ultrasound-guided lumbar medial branch blocks and intra-articular facet joint injections: a systematic review and meta-analysis. *Pain Rep.* 2022 May 16;7(3):e1008. doi: 10.1097/PR9.0000000000001008.
8. Bani A, Spetzger U, Gilsbach JM. Indications for and benefits of lumbar facet joint block: analysis of 230 consecutive patients. *Neurosurg Focus.* 2002 Aug 15; 13(2): E11.
9. Blue Cross Blue Shield Association Evidence Positioning System®. 7.01.116 - Facet Joint Denervation (12/24).
10. Boswell MV, Shah RV, Everett CR, Sehgal N, McKenzie-Brown AM, Abdi S, Bowman RC, Deer TR, Datta S, Colson JD, Spillane WF, Smith HS, Lucas LF, Burton AW, Chopra P, Staats PS, Wasserman RA, Manchikanti L. Interventional techniques in the management of chronic spinal pain: evidence-based practice guidelines. *Pain Phys* 2005;8(1): 1-47.
11. Boswell MV, Trescot AM, Datta S, Schultz DM, Hansen HC, Abdi S, Sehgal N, Shah RV, Singh V, Benyamin RM, Patel VB, Buenaventura RM, Colson JD, Cordner HJ, Epter RS, Jasper JF, Dunbar EE, Atluri SL, Bowman RC, Deer TR, Swicegood JR, Staats PS, Smith HS, Burton AW, Kloth DS, Giordano J, Manchikanti L; American Society of Interventional Pain Physicians. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician.* 2007 Jan; 10 (1): 7-111.
12. Canadian Agency for Drugs and Technologies in Health Rapid Response Report. Facet Joint Injection as Diagnostic and Therapeutic Tools for Pain of the Cervical and Lumbar Spine: A Review of Clinical and Cost-Effectiveness. 01/25/11.

13. Chae JS, Kim WJ, Jue MJ. Facet Joint Versus Transforaminal Epidural Steroid Injections in Patients With Cervical Radicular Pain due to Foraminal Stenosis: A Retrospective Comparative Study. *J Korean Med Sci.* 2022 Jun 27;37(25):e208. doi: 10.3346/jkms.2022.37.e208.
14. Civelek E, Cansever T, Kabatas S, Kircelli A, Yilmaz C, Musluman M, Oflluoglu D, Caner H. Comparison of Effectiveness of Facet Joint Injection and Radiofrequency Denervation in Chronic Low Back Pain. *Turk Neurosurg.* 2012;22(2):200-6.
15. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Noncovered Services (L33777) (Retired 07/01/20).
16. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD): Facet Joint Interventions for Pain Management (10/01/15) (Revised 08/11/24).
17. ClinicalTrials.gov. NCT00613340 The Specificity of Cervical Facet Medial Branch Blocks. Johns Hopkins University and Army Regional Anesthesia and Pain Management Initiative. April 2009.
18. Datta S, Lee M, Falco FJ, Bryce DA, Hayek SM. Systematic Assessment of Diagnostic Accuracy and Therapeutic Utility of Lumbar Facet Joint Interventions. *Pain Physician.* 2009 Mar-Apr; 12 (2): 437-460.
19. Du R, Xu G, Bai X, Li Z. Facet Joint Syndrome: Pathophysiology, Diagnosis, and Treatment. *J Pain Res.* 2022 Nov 30;15:3689-3710. doi: 10.2147/JPR.S389602.
20. ECRI Health Technology Assessment Information Services. Custom Hotline Response. Facet Joint Injection Therapies for Chronic, Nonmalignant Back Pain. Updated 02/23/07.
21. Edlow BI, et al. Posterior Circulation Stroke after C1–C2 Intraarticular Facet Steroid Injection: Evidence for Diffuse Microvascular Injury. *Anesthesiology* 2010; 112:1532–5.
22. Falco FJ, Erhart S, Wargo BW, Bryce DA, Atluri S, Datta S, Hayek SM. Systematic Review of Diagnostic Utility and Therapeutic Effectiveness of Cervical Facet Joint Interventions. *Pain Physician.* 2009 Mar-Apr; 12(2): 323-344.
23. First Coast Service Options, Inc. Local Coverage Determination Paravertebral Facet Joint Blocks. L29252 (Retired 09/30/15).
24. First Coast Service Options, Inc. Local Coverage Determination Noncovered Services. L29288 (Retired 09/30/15).
25. Hayes, Inc. Hayes Medical Technology Directory. Facet Blocks for Chronic Back Pain. Lansdale, PA: Hayes, Inc.; October 2006.
26. Hashimoto R, Raich A, Ecker, E, Henrikson N, Wallace L, Dettori J, Chou R. Spinal injections: Health technology assessment. Washington State Health Care Authority. November 10, 2010.
27. Hasoon J, Mahmood S, Nguyen A, Govindaraj R, Robinson CL. Revisiting Therapeutic Facet Joint Injections for Chronic Spinal Pain: A Case Series. *Orthop Rev (Pavia).* 2024 Oct 30;16:124771. doi: 10.52965/001c.124771.
28. Improving the Quality of Pain Management through Measurement and Action. Monograph developed by JCAHO as part of a collaborative project with NPC. Mar 2003.
29. Jung H, Jeon S, Ahn S, Kim M, Choi Y. The Validation of Ultrasound-Guided Lumbar Facet Nerve Blocks as Confirmed by Fluoroscopy. *Asian Spine Journal* Vol. 6, No. 3N, 2012.
30. Loizides A, Obernauer J, Peer S, Bale R, Galiano K, Gruber H. Ultrasound-guided injections in the middle and lower cervical spine. *Med Ultrason.* 2012 Sep;14(3):235-8.
31. Manchikanti L, et al. An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations. *Pain Physician* 2013; 16:S49-S283.

32. Manchikanti L, Boswell MV, Singh V, et al. Comprehensive Evidence-Based Guidelines for Interventional Techniques in the Management of Chronic Spinal Pain. *Pain Physician* 2009; 12:699-802.
33. Manchikanti L, Cash KA, McManus CD, Pampati V, Benyamin RM. A Preliminary Report of a Randomized Double- Blind, Active Controlled Trial of Fluoroscopic Thoracic Interlaminar Epidural Injections in Managing Chronic Thoracic Pain. *Pain Physician*. 2010 Nov-Dec.
34. Manchikanti L, Cash KA, Pampati V, Wargo BW, Malla Y. Cervical epidural injections in chronic discogenic neck pain without disc herniation or radiculitis: preliminary results of a randomized, double-blind, controlled trial. *Pain Physician*. 2010 Jul-Aug.
35. Manchikanti L, Malla Y, Wargo BW, Cash KA, Pampati V, Fellows B. Complications of Fluoroscopically Directed Facet Joint Nerve Blocks: A Prospective Evaluation of 7,500 Episodes with 43,000 Nerve Blocks. *Pain Physician*. 2012 Mar-Apr;15(2):E143-50.
36. Manchikanti L, Malla Y, Cash KA, McManus CD, Pampati V. Fluoroscopic Cervical Interlaminar Epidural Injections in Managing Chronic Pain of Cervical Postsurgery Syndrome: Preliminary Results of a Randomized, Double-Blind, Active Control Trial. *Pain Physician*. 2012 Jan-Feb.
37. Manchikanti L, Singh V, Falco FJ, Cash KA, Fellows B. Comparative Outcomes of a 2-Year Follow-Up of Cervical Medial Branch Blocks in Management of Chronic Neck Pain: A Randomized, Double-Blind Controlled Trial. *Pain Physician*. 2010 Sep-Oct.
38. Manchikanti L, Singh V., et al. Evaluation of lumbar facet joint nerve blocks in managing chronic low back pain: a randomized, double-blind, controlled trial with a 2-year follow-up. *International journal of medical sciences* 7.3 (2010): 124.
39. Manchikanti L, Staats PS, Singh V, Schultz DM, Vilims BD, Jasper JF, Kloth DS, Trescot AM, Hansen HC, Falasca TD, Racz GB, Deer TR, Burton AW, Helm S, Lou L, Bakhit CE, Dunbar EE, Atluri SL, Calodney AK, et al. Evidence-based practice guidelines for interventional techniques in the management of chronic spinal pain. *Pain Phys* 2003; 6:3-81.
40. Manchikanti, L., Singh, V., Kloth, D. Interventional Pain Management Practice Policies; Facet Joint Injections. *American Society of Interventional Pain Physicians*.
41. Narouze SN, Provenzano DA. Sonographically guided cervical facet nerve and joint injections: why sonography? *J Ultrasound Med*. 2013 Nov;32(11):1885-96. doi: 10.7863/ultra.32.11.1885.
42. Nelemans PJ, de Bie RA, de Vet HCW, Sturmans F. Injection therapy for subacute and chronic benign low-back pain. *The Cochrane Database of Systematic Reviews* 1999, Issue 4. Art. No.: CD001824. DOI: 10.1002/14651858.CD001824.
43. Obernauer J, Galiano K, Gruber H, Bale R, Obwegeser AA, Schatzer R, Loizides A. Ultrasound-guided versus Computed Tomography-controlled facet joint injections in the middle and lower cervical spine: a prospective randomized clinical trial. *Med Ultrason*. 2013 Mar;15(1):10-5.
44. Park KD, et al. Effect of Medial Branch Block in Chronic Facet Joint Pain for Osteoporotic Compression Fracture: One Year Retrospective Study. *Ann Rehabil Med* 2013;37(2):191-201.
45. Park SC, Kim KH. Effect of adding cervical facet joint injections in a multimodal treatment program for long-standing cervical myofascial pain syndrome with referral pain patterns of cervical facet joint syndrome. *J Anesth*. 2012 May 31.
46. Resnick DK, et al. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg: Spine* 2:707-715, 2005.
47. Rosenquist RW, Benzon HT, et al. 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 Apr;112(4):810-33.

48. Santiago AE, Leal PC, Bezerra EH, Giraldez AL, Ferraro LC, Rezende AH, Sakata RK. Ultrasound-guided facet block to low back pain: a case report. *Braz J Anesthesiol*. 2014 Jul-Aug;64(4):278-80. doi: 10.1016/j.bjan.2012.09.005.
49. Spine-health. Understanding Different Types of Back Pain. Accessed at <https://www.spine-health.com/blog/understanding-different-types-back-pain>.
50. Sukdeb D, Manchikanti L. It Is Time to Abandon Atlanto-Axial Joint Injections: Do No Harm! *Anesthesiology*: January 2011 - Volume 114 - Issue 1 - pp 222-224. Accessed at <http://journals.lww.com/anesthesiology/Fulltext/2011/>.
51. UpToDate. Interventional therapies for chronic pain. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
52. UpToDate. Subacute and chronic low back pain: Nonsurgical interventional treatment. 2024. Accessed at [uptodate.com](https://www.uptodate.com).
53. Viva MG, Sveva V, Ruggiero M, Fai A, Savina A, Perrone R, Donati D, Tedeschi R, Monticone M, Fari G, Bernetti A. Efficacy and Accuracy of Ultrasound Guided Injections in the Treatment of Cervical Facet Joint Syndrome: A Systematic Review. *J Clin Med*. 2024 Sep 6;13(17):5290. doi: 10.3390/jcm13175290.
54. Weiner, R. (2002). *Pain Management A Practical Guide for Clinicians* (6th ed). Boca Raton. CRC Press.
55. Yoo YM, Kim KH. Facet joint disorders: from diagnosis to treatment. *Korean J Pain*. 2024 Jan 1;37(1):3-12. doi: 10.3344/kjp.23228. Epub 2023 Dec 11.
56. Yun DH, et al. Efficacy of Ultrasonography-Guided Injections in Patients with Facet Syndrome of the Low Lumbar Spine. *Ann Rehabil Med* 2012; 36: 66-71.
57. Zakaria D, Skidmore B. Facet joint injection as a diagnostic and therapeutic tool for spinal pain: a review of clinical and cost effectiveness. Ottawa: Canadian Agency for Drugs and Technologies in Health (CADTH). 2007:28. Canadian Agency for Drugs and Technologies in Health (CADTH).

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/23/25.

GUIDELINE UPDATE INFORMATION:

02/15/04	New MCG created for Facet Joint Injections, separated from Outpatient Pain Management, 02-61000-01.
02/15/06	Review and revision of guideline consisting of updated references.
08/15/07	Review and revision of guideline consisting of updated references and reformatted guideline.
11/15/07	Review and revision of guideline consisting of updated references and addition of diagnosis codes.
05/15/09	Scheduled review; revise description section with addition of medical necessity management statement, update reimbursement guidelines, and update references.
09/15/09	Revision consisting of addition of a note to position statement for the use of steroid medications. Revise position statement to known or suspected facet joint pain. Clarify injections per date of service. Update limitations section.

01/01/10	Annual HCPCS Coding update: delete CPT codes 64470, 64472, 64475, & 64476. Add CPT codes 64490, 64491, 64492, 64493, 64494, & 64495. Revise description section, position statement, and reimbursement section. Add CPT instructions for codes 64491 – 64495.
04/15/10	Clarification added to reimbursement section regarding injection sets.
10/15/10	Revision; related ICD-10 codes added.
11/15/10	Revision; Certificate of Medical Necessity added; related ICD-10 codes added; guideline reformatted.
07/01/11	Revision; formatting changes.
08/15/11	Scheduled review; updated description section, CPT coding section, ICD9 and ICD10 coding sections; updated references; reformatted guideline.
10/15/12	Scheduled review. Maintained position statement; revised description and definitions; updated references and reformatted guideline.
10/15/13	Scheduled review. Revised position statement, CPT coding (added 0213T-0218T) and program exceptions section. Updated references.
07/01/15	Scheduled review. Revised description and position statement. Updated references.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
08/15/16	Revision; updated ICD10 coding section.
04/15/17	Revision: updated criteria for facet joint injection and frequency of facet joint injection. Updated references.
07/15/18	Scheduled review. Revised criteria, frequency of treatment, contraindications for facet joint injections, and program exceptions section. Updated references.
03/15/19	Revision: updated frequency of facet joint injection. Updated references.
07/15/19	Scheduled review. Revised frequency of injections and home exercise program requirements. Updated references.
09/01/19	Revision: clarified what constitutes an “active” modality.
07/15/20	Scheduled review. Revised position statement and updated references.
06/15/21	Scheduled review. Revised criteria related to prior surgical fusion. Updated references.
10/01/21	Quarterly CPT/HCPCS coding update: added codes M54.50, M54.51, M54.59; deleted code M54.5.
07/08/23	Scheduled review. Revised description, position statement, and Medicare Advantage program exception. Updated references.
08/21/23	Update to Program Exceptions section.
02/15/25	Scheduled review. Maintained position statement and updated references.