02-61000-30

Original Effective Date: 02/15/04

Reviewed: 06/27/19

Revised: 09/01/19

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.

DESCRIPTION:

Facet joints (also called zygapophysial joints or z-joints), are posterior to the vertebral bodies in the spinal column and connect the vertebral bodies to each other, They are located at the junction of the inferior articular process of a more cephalad vertebra, and the superior articular process of a more caudal vertebra. These joints provide stability and enable movement, allowing the spine to bend, twist, and extend in different directions. They also restrict hyperextension and hyperflexion.

Facet joints are clinically important spinal pain generators in those with chronic spinal pain. Facet joints may refer pain to adjacent structures, making the underlying diagnosis difficult, as referred pain may assume a pseudoradicular pattern. Lumbar facet joints may refer pain to the back, buttocks, and lower extremities while cervical facet joints may refer pain to the head, neck and shoulders.

Imaging findings are of little value in determining the source and location of ‘facet joint syndrome’, a term referring to back pain caused by pathology at the facet joints. Imaging studies may detect changes in facet joint architecture, but correlation between radiologic findings and symptoms is unreliable. Although clinical signs are also unsuitable for diagnosing facet joint-mediated pain, they may be of value in selecting candidates for controlled local anesthetic blocks of either the medial branches or the facet joint itself. This is an established tool in diagnosing facet joint syndrome.

Facet joint interventions are used in the treatment of pain in certain individuals with a confirmed diagnosis of facet joint pain. Interventions include intra-articular injections and medial branch nerve blocks in the affected region. Facet joint injections or medial branch nerve blocks require guidance imaging.

POSITION STATEMENT:

Facet joint injection **meets the definition of medical necessity** for pain suggestive of facet joint origin, when **ALL** of the following are met:

- History of mainly axial or non-radicular **low back (lumbosacral), mid-back (thoracic) or neck (cervical) pain,** unless stenosis is caused by synovial cyst
- Lack of evidence for discogenic or sacroiliac joint pain as the main pain generators
- Lack of disc herniation or evidence of radiculitis as the main pain generators (unless stenosis is caused by synovial cyst)
- Facet joint injection will not be performed at same level(s) as previous surgical fusion
- Pain causing functional disability or average pain levels of ≥ 6 on a scale of 0 to 10
- Duration of pain of at least 3 months
- Failure to respond to conservative non-operative therapy* for a minimum of 6 weeks in the 6 months prior to facet injections, **OR** documentation of active engagement in other forms of active conservative non-operative therapy* if the member had prior spinal injections, unless the medical reason this treatment cannot be done is clearly documented
- Injection is performed with fluoroscopic or CT guidance

Facet joint injection performed with ultrasound guidance is considered **experimental or investigational**. The evidence is insufficient to permit conclusions on efficacy and net health outcomes.

Frequency of facet joint injections:

- There must be a minimum of 14 days between injections, or 7 days if the most recent injection was diagnostic facet nerve block(s) with local anesthetic only
- Continues to have ongoing pain, or documented functional disability, (pain causing functional disability or pain level ≥ 6 on a scale of 0 to 10)
- There must be a positive response of ≥ 50% pain relief and improved ability to function, or a change in technique [For example, from an initial intraarticular facet block to a medial branch nerve block to be considered]
- Repeat therapeutic injections should be performed at a frequency of no sooner than 2 months apart, provided that at least 50% relief is obtained for a minimum of 2 months after the previous injection
- Activly engaged in other forms of active conservative non-operative treatment if receiving therapeutic facet joint injections, unless pain prevents participation in conservative therapy*
- In the diagnostic phase, a maximum of 2 procedures may be performed
- In the therapeutic phase, a maximum of 4 procedures per region every 12 months may be performed (except under unusual circumstances such as a recurrent injury)
- Unilateral facet injections performed at the same level on the right versus the left within 2 weeks of each other is considered 1 procedure
- If the procedures are performed for different regions, they may be performed at one week intervals for most types of procedures
- Radiofrequency neurolysis procedures should be considered in those with positive facet blocks [(with at least 70% pain relief and/or improved ability to function, but with insufficient sustained relief (less than 2-3 months improvement)]

Contraindications for facet joint injections:

- History of allergy to contrast administration, local anesthetics, steroids, or other drugs potentially utilized;
- Hypovolemia;

- Infection over puncture site;
- Bleeding disorders or coagulopathy;
- History of allergy to medications to be administered;
- Inability to obtain percutaneous access to the target facet joint;
- Progressive neurological disorder which may be masked by the procedure;
- Pregnancy;
- Spinal infection; OR
- Acute fracture

***Conservative non-operative therapy**

Conservative non-operative therapy (spine) should include a multimodality approach consisting of a combination of active and inactive components. Inactive components, such as rest, ice, heat, modified activities, medical devices, acupuncture and/or stimulators, medications, injections (including trigger point), and diathermy can be utilized. Active modalities consist of either physical therapy, a physician supervised home exercise program**, or chiropractic care.

****Home Exercise Program (HEP)**

The following 2 elements are required to meet guidelines for completion of a HEP:

1. Documentation provided of an exercise/prescription plan
2. Documentation of follow up with member regarding completion of HEP (after a suitable 4-6 week period), or inability to complete a HEP due to a physical reason such as increased pain or inability to physically perform exercises. NOTE: member inconvenience or noncompliance without explanation does not constitute inability to complete a HEP.

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
M54.5	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: Paravertebral Facet Joint Blocks (L33930) and Noncovered Services (L33777) located at fcso.com.

DEFINITIONS:

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.

Somatic pain: a type of nociceptive pain. The nerves that detect somatic pain are located in the skin and deep tissues. These specialized nerves, called nociceptors, pick up sensations related to temperature, vibration and swelling in the skin, joints and muscles.

RELATED GUIDELINES:

None applicable.

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

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 06/27/19.

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 refences.
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.