



CLINICAL GUIDELINES

CMM-201 ~ Facet Joint Injections

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-201~Facet Joint Injections/Medial Branch Blocks

CMM-201.1 Definitions

Facet Joint Injections/medial branch blocks refer to the injection of local anesthetic and possibly a corticosteroid in the facet joint capsule or along the nerves supplying the facet joints by inserting a needle under fluoroscopic guidance directly adjacent to the joints in the region of the nerves, which supply the joint in question. Even though either procedure can be used to diagnose facet joint pain, a medial branch block is generally considered more appropriate. A diagnostic facet joint injection/medial branch block is considered positive when there is at least 80% pain relief for the duration of the effect of the local anesthetic or when there is at least 50% reduction of pain for at least two weeks following administration of an anesthetic and corticosteroid.

CMM-201.2 General Guidelines

No more than two diagnostic facet joint injections/medial branch block may be required to determine whether back pain originates in the facet joint or nerves surrounding the facet joint.

Subsequent facet injections/medial branch blocks are considered to be therapeutic rather than diagnostic. There is no scientific evidence to support the use of therapeutic facet joint injections/medial branch blocks. They are considered experimental, investigational or unproven.

Facet joint injections/medial branch blocks can expose individuals to potential complications. Diagnostic facet joint injections/medial branch blocks should therefore only be performed with the anticipation that if successful, radiofrequency joint denervation/ablation procedures (facet neurotomy, facet rhizotomy) would be considered as an option at the diagnosed levels. In clinical situations where radiofrequency joint denervation/ablation procedures (facet neurotomy, facet rhizotomy) are not being considered, the performance of facet joint injections/medial branch blocks is **considered not medically necessary**.

CMM-201.3 Indications and Non-Indications

- ✓ Facet joint injections/medial branch blocks are **considered medically necessary** for facet mediated pain resulting from disease, injury or surgery and confirmed by provocative testing resulting in reproducible pain (i.e., hyperextension, rotation) that has not responded sufficiently to at least four (4) weeks of conservative therapy (exercise, physical methods including physical therapy, chiropractic care, NSAIDs and/or analgesics).

- ✓ Facet joint injections/medial branch blocks should only be performed for neck pain or low back pain in the absence of an untreated radiculopathy. The performance of facet joint injections/medial branch blocks in the presence of an untreated radiculopathy **is considered not medically necessary**.
- ✓ An initial diagnostic facet joint injection/medial branch block is **considered medically necessary** to determine whether chronic neck or back pain is of facet joint origin when ALL of the following criteria are met:
 - Pain is exacerbated by extension and rotation, or is associated with lumbar rigidity
 - Pain has persisted despite appropriate conservative treatment (e.g., nonsteroidal anti-inflammatory drugs (NSAIDs), exercise)
 - Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., spinal stenosis, disc degeneration or herniation, infection, tumor, fracture).
- ✓ A second diagnostic facet joint injection/medial branch block is medically necessary when the first diagnostic facet joint injection/medial branch block is positive.
- ✓ A second diagnostic facet joint injection/medial branch block is medically necessary no sooner than one week following the initial diagnostic facet joint injection/medial branch block
- ✓ Positive diagnostic medial branch block or facet joint injection using either a local anesthetic or a local anesthetic combined with corticosteroid as evidenced by either of the following:
 - A beneficial clinical response to an intra-articular facet injection or medial branch block performed with a local anesthetic with greater than 80% pain relief reported for the duration of the effect of the local anesthetic when no corticosteroids are added to the injectate
 - A beneficial clinical response to an intra-articular facet joint injection or medial branch block performed with a local anesthetic and a corticosteroid with at least a 50% reduction in pain for at least two (2) weeks.
- ✓ To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of facet joint injections/medial branch blocks **is considered not medically necessary** on the same day of service when performing other spinal injections in the same region.
- ✓ When performing facet joint injections/medial branch blocks, no more than three (3) levels should be injected during the same session/procedure. It is **considered medically necessary** to inject the same level or levels bilaterally during the same session/procedure. The performance of injections/blocks on more than three (3) levels is **considered not medically necessary**.

- ✓ Facet joint injections/medial branch blocks are not without risk, and can expose individuals to potential complications. When performing facet joint injections/medial branch blocks, the use of intravenous sedation may be grounds to negate the results of a diagnostic block and; therefore, should be reserved for only those individuals with severe anxiety issues. Due to the risk of potential complications, the routine use of intravenous sedation is **considered not medically necessary**.
- ✓ If the first diagnostic facet joint injection/medial branch block is not positive, then a second diagnostic facet joint injection/medial branch block is **considered not medically necessary**

CMM-201.4 Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
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), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal), second level (List separately)
+64492	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal), third and any additional level(s) (List separately)
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)
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)

CPT®	Codes Considered Experimental, Investigational or Unproven
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
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)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
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)
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)
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

CMM-201.5 References

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