CLINICAL GUIDELINES

CMM-201: Facet Joint Injections/Medial Branch Blocks

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CMM-201: Facet Joint Injections/Medial Branch Blocks

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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 jointsfrom C2-3 to L5-S1. The injection/block applies directly to the facet joint(s) blocked and not to the number of nerves blocked that innervate the facet joint(s). 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% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used.

CMM-201.2: General Guidelines

- The determination of medical necessity for the performance of facet joint injections/medial branch blocks is always made on a case-by-case basis.
- Facet joint injections/medial branch blocks should only be performed for neck pain or low back pain in the absence of an untreated radiculopathy (with the exception of radiculopathy caused by a facet joint synovial cyst).
- A diagnostic facet joint injection/medial branch block may be performed to determine whether spinal pain orginates in the facet joint or nerves innervating the facet joint. A second facet joint injection/medial branch block must be performed to confirm the validity of the clinical response of the initial injection and should only be performed with the intent that if successful, a radiofrequency joint denervation/ablation procedure (facet neurotomy, facet rhizotomy) would be considered as an option at the diagnosed level(s).
- More than two facet injections/medial branch blocks at the same level are considered to be therapeutic rather than diagnostic. Following a spinal fusion, a diagnostic facet joint injection/medial branch block may be performed immediately above or below the fused level if a prior injection/block was negative. There is a paucity of published scientific evidence supporting the use of therapeutic facet joint injections/medial branch blocks. Although limited, some anecdotal evidence supports a facet joint injection/medial branch block as an alternative treatment to a radiofrequency ablation/neurotomy for a subset of individuals when the initial facet joint injection/medial branch blocks has resulted in significant pain relief (i.e., > 50%) for at least 12 weeks following the facet joint injection/medial branch block and the individual is not a candidate for a radiofrequency joint denervation/ablation procedure. For this specific subset of individuals a repeat facet joint injection may be considered appropriate, although no sooner than six months from when the prior diagnostic injection was performed.
- It may be necessary to perform the facet joint injection/medial branch block at the same facet joint level(s) bilaterally, however, no more than three (3) facet joint levels should be injected during the same session/procedure.
- Facet joint injections/medial branch blocks are not without risk and can expose patients to potential complications that may be increased when a patient is sedated. As a result, when performing facet joint injections/medial branch blocks, the use of

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supplemental sedation in addition to local anesthesia is not required and not recommended.

CMM-201.3: Indications

- 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 facet loading maneuvers on physical examination
  - Pain has persisted despite at least four weeks of appropriate conservative treatment (e.g., physical methods including physical therapy, chiropractic care and exercise, nonsteroidal anti-inflammatory drugs (NSAIDs), and/or analgesics) unless contraindicated and the reason(s) for contraindication(s) is/are documented in the medical record
  - Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculpathy, infection, tumor, fracture, pseudoarthrosis, pain related to spinal instrumentation).
  - The spinal motion segment is not posteriorly fused.
- A second diagnostic facet joint injection/medial branch block, performed to confirm the validity of the clinical response to the initial facet joint injection, is considered **medically necessary** when **ALL** of the following criteria are met:
  - Administered at the same level as the initial block
  - The initial diagnostic facet joint injection produced a positive response (i.e., at least 80% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic)
  - A radiofrequency joint denervation/ablation procedure is being considered
- An intra-articular facet joint injection performed with synovial cyst aspiration, in addition to a transforaminal epidural steroid injection, is considered **medically necessary** when the following criteria are met:
  - Advanced diagnostic imaging studies (e.g., MRI, CT, CT myelogram) confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst
  - Clinical correlation with the individual's signs and symptoms of radicular pain or radiculopathy, based on history and physical examination.

CMM-201.4: Non-Indications

- Performance of a facet joint injection/medial branch block is considered **not medically necessary** when performed for **ANY** of the following indications:
  - Without the use of fluoroscopic or CT guidance
  - In the presence of an untreated radiculopathy (with the exception of radiculopathy caused by a facet joint synovial cyst)
  - When a radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered
  - The facet joint injection is performed at a fused posterior spinal motion segment (with the exception of patients with clinically suspected pseudoarthrosis)

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- On the same day of service when performing other injections (e.g., epidural steroid, sacroiliac) in the same region
- Performance of injections/blocks on more than three (3) contiguous spinal joint levels (with the exception of an intervening fused segment)
- Additional diagnostic facet joint injection/medial branch blocks at the same level(s) as a prior successful radiofrequency denervation/ablation procedure

➤ Performance of a facet joint injection/medial branch block is considered **experimental, investigational, or unproven** when performed for **ANY** of the following indications:

- Unless performed as a second confirmatory block, all injections subsequent to the initial injection (i.e., therapeutic injections)
- When performed under ultrasound guidance

CMM-201.5: 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)

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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)
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-201.6: References

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