

Cigna Medical Coverage Policies – Musculoskeletal Facet Joint Injections/Medial Branch Blocks

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Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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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 joints from 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 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 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 originates in the facet joint or nerves surrounding 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 block 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 individuals to potential complications that may be increased when an individual is sedated. As a result when performing facet joint injections/medial branch blocks, the use of supplemental sedation in addition to local anesthesia is not required and is 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 (e.g., hyperextension, rotation)
 - ◆ 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)
 - ◆ 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/radiculopathy, infection, tumor, fracture, pseudoarthrosis, pain related to spinal instrumentation).
 - ◆ The spinal motion segment is not posteriorly fused.
- A second 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 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 **BOTH** of 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
 - ◆ 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) facet joint levels
 - ◆ 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. | |
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| 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), 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) |

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| 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) |
| 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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