



CLINICAL GUIDELINES

CMM-201: Facet Joint Injections/Medial Branch Blocks

Version 1.0
Effective July 1, 2021



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 facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used. A response to the first two injection(s) must be documented.

General Guidelines

This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent and does not apply to injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates that are not in scope of eviCore's management. The injections must be for facet mediated pain and not for other indications that are not in scope for management (i.e. third occipital nerve (TON) injection/nerve block for cervicogenic headaches).

- 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 originates 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).
- 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.
- More than two (2) facet injections/medial branch blocks at the same level are considered to be therapeutic rather than diagnostic.
- 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 supplemental sedation in addition to local anesthesia is not required and not recommended.

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 (4) weeks of appropriate conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs], 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/radiculopathy; infection; tumor; fracture; pseudoarthrosis; or, 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
- Subsequent facet joint injections/medial branch blocks as an alternative treatment to a radiofrequency ablation/neurotomy is considered **medically necessary** no sooner than six (6) months from when the prior facet joint injection/medial branch block was performed when **ALL** of the following criteria are met:
 - ◆ Previous facet joint injections/medial branch blocks resulted in significant pain relief (i.e., > 50%) for at least twelve (12) weeks following the facet joint injection/medial branch block
 - ◆ The individual is not a candidate for a radiofrequency joint denervation/ablation procedure due to **ONE** of the following:
 - Established spinal pseudoarthrosis at the spinal level intended for treatment
 - Implanted electrical device (i.e. cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump)
- 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.

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)
 - ◆ On the same day of service when performing other injections (e.g., epidural steroid, sacroiliac)
 - ◆ 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
 - ◆ Injection/nerve block of the atlanto-occipital articulation and/or atlanto-axial articulation
- Performance of a facet joint injection/medial branch block is considered **experimental, investigational, or unproven (EIU)** when performed for **ANY** of the following indications:
 - ◆ When using injectates other than an anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination Unless performed as a second confirmatory block, all injections subsequent to the initial injection (i.e., therapeutic injections)
 - ◆ When performed under ultrasound guidance

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), 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)
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 (EIU)
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.	

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