

# CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL

## CMM-201: Facet Joint Injections/Medial Branch Blocks

Effective Date: August 04, 2026



**EviCore**  
By EVERNORTH

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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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the [Cigna CPT code list](#) for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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# Definitions

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# Definitions

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<b>Axial</b>	relating to or situated in the central part of the body, in the head and trunk as distinguished from the limbs (e.g., axial skeleton).
<b>Cervical Facet Pain</b>	pain located in the cervical spine which may be characterized by chronic headaches, restricted motion, and axial neck pain, which may radiate sub-occipitally to the shoulders or mid-back.
<b>Facet (Zygapophyseal) Joints</b>	<p>paired, diarthrodial synovial joints located between the superior and inferior articular pillars in the posterior spinal column, innervated by medial branch nerves, from C2-C3 to L5-S1.</p> <ul style="list-style-type: none"> <li>• <b>Note:</b> The articulations between occiput – atlas (C1) and the atlas (C1) and the axis (C2) and below L5–S1 (sacrum) are not facet joints.</li> </ul>
<b>Facet Joint Injection/ Medial Branch Nerve Block (MBB)</b>	<p>the injection of local anesthetic and possibly a corticosteroid in the facet joint capsule (facet joint injection) or along the nerves supplying the facet joints (medial branch nerve block) from C2-C3 to L5-S1. Even though either procedure can be used to diagnose facet joint pain, an MBB is generally considered more appropriate.</p> <ul style="list-style-type: none"> <li>• <b>Note:</b> The facet joint injection/medial branch nerve block applies directly to the facet joint(s) blocked and not to the number of nerves blocked that innervate the facet joint(s).</li> </ul>
<b>Facet Joint Pain</b>	a set of concurrent signs or symptoms to describe the facet joint as the pain generator. The typical clinical signs or symptoms may include local paraspinal tenderness; pain that is brought about or increased on hyperextension, rotation, and lateral bending; low back stiffness; absence of neurologic deficit; absence of root tension signs (non-radiating below the knee, absence of paresthesia).

<b>Facet Level</b>	the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint. Each level has a pair of facet joints: one on the right side and one on the left side of the spine.
<b>Non-Radicular Back Pain</b>	radiating non-neuropathic pain that is not causally related to a spinal nerve root irritation and does not produce reproducible neuropathic symptoms in an objective dermatomal pattern.
<b>Positive Response (to a diagnostic facet joint injection/medial branch nerve block)</b>	at least 80% relief of facet-mediated pain for at least the expected minimum duration of the effect of the local anesthetic used. <ul style="list-style-type: none"><li>• <b>Note:</b> A response to the first two injections must be documented.</li></ul>
<b>Session</b>	a time period, which includes all procedures (i.e., epidural steroid injection, selective nerve root block, facet joint injection, medial branch nerve block [MBB], and facet joint radiofrequency ablation [RFA]) performed on a single date of service.

# General Guidelines

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# General Guidelines

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## Application of Guideline

- The guideline criteria are only applicable to facet joint injections/medial branch nerve blocks performed for facet-mediated pain.
- For requests related to L5 medial nerve branch and sacral lateral nerve branch blocks and ablations/neurotomies used for the diagnosis or treatment of sacroiliac joint mediated pain, see **CMM-203: Sacroiliac Joint Procedures**.
- The determination of medical necessity for the performance of of facet joint injections/medial branch nerve blocks is always made on a case-by-case basis.

## Injectates

- When criteria have been met, facet joint injections/medial branch nerve blocks are considered **medically necessary** when performed with an anesthetic, corticosteroid, and/or contrast agent.

## Image Guidance

- When criteria have been met, facet joint injections/medial branch nerve blocks are considered **medically necessary** when performed with CT- or fluoroscopic-guidance.

## Frequency & Number of Injections/Procedures

- If the initial diagnostic facet joint injection/medial branch nerve block resulted in a positive response (i.e., at least 80% pain relief), a second diagnostic facet joint injection/medial branch nerve block must be performed to confirm the validity of the positive response.
  - **Note:** The second diagnostic injection/block should ONLY be performed with the intent that, if successful, a facet joint radiofrequency denervation/ablation (facet neurotomy, facet rhizotomy) would be considered as an option at the diagnosed level(s).
- When criteria have been met, only two (2) diagnostic facet joint injections/medial branch nerve blocks at the same level(s) are considered **medically necessary**.
  - **Note:** More than two (2) facet joint injections/medial branch nerve blocks at the same level and same side are considered therapeutic rather than diagnostic and must meet the criteria for therapeutic facet joint injections/medial branch nerve blocks as noted in the **Indications** section.
- When criteria have been met, only one invasive modality or procedure performed on the same date of service is considered **medically necessary**.

- **Criteria exception:** An exception is allowed for a facet joint injection being performed together with a transforaminal epidural steroid injection (TFESI) when the facet joint injection is performed for a synovial cyst aspiration on the same date of service.
- Requests for subsequent (beyond initial) facet joint injections/medial branch nerve blocks will be evaluated based on the response to the prior facet joint injection/medial branch nerve block.

### Levels

- When criteria have been met, facet joint injections/medial branch nerve blocks are considered **medically necessary** only from levels C2-3 to L5-S1
  - **Note:** The facet joint injection/medial branch nerve block applies directly to the facet joint(s) blocked and not to the number of nerves blocked that innervate the facet joint(s).
- When criteria have been met, facet joint injections/medial branch nerve blocks are considered **medically necessary** on no more than three (3) facet joint levels (whether unilateral or bilateral) during the same session/procedure.
- When criteria have been met, a diagnostic facet joint injection/medial branch nerve block is considered **medically necessary** following a spinal fusion when performed at an unfused spinal level contiguous with the fused spinal motion segment, if a prior injection/block was negative at the requested level.
- When criteria have been met, facet joint injections/medial branch nerve blocks are considered **medically necessary** on no more than three (3) contiguous levels.
  - **Criteria exception:** An exception is allowed if the facet joint injection/medial branch nerve block is performed at spinal level contiguous with the posteriorly fused spinal motion segment.

### Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

# Indications

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# Initial Diagnostic Facet Joint Injection/ Medial Branch Nerve Block

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- An initial diagnostic facet joint injection/medial branch nerve block is considered **medically necessary** when ALL of the following criteria have been met:
  - Performed to determine whether chronic cervical, thoracic, or lumbar pain is of facet joint origin
  - Presence of predominantly axial cervical, thoracic, or lumbar pain
    - **Note:** For criteria related to the treatment of a facet joint synovial cyst with concordant radicular pain/radiculopathy, see **Facet Joint Injection Performed with Synovial Cyst Aspiration**.
  - Pain has persisted for at least three (3) months.
  - In the past three (3) months pain has persisted despite at least four (4) weeks of conservative treatment (e.g., exercise, physical therapy, chiropractic care, or medications to include nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics).
    - **Note:** If conservative treatment is contraindicated, the reason(s) for the contraindication(s) is/are required to be documented in the medical record.
  - Clinical findings and imaging studies suggest no other obvious cause of the cervical, thoracic, or lumbar axial pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy; foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy that has been treated; infection; tumor; fracture; pseudoarthrosis; pain related to spinal instrumentation).
  - The spinal motion segment(s) is(are) not posteriorly fused at the requested level(s).
  - A facet joint radiofrequency denervation/ablation is being considered.

# Second Diagnostic Facet Joint Injection/ Medial Branch Nerve Block

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- A second diagnostic facet joint injection/medial branch nerve block is considered **medically necessary** when ALL of the following criteria have been met:
  - Performed to confirm the validity of the clinical response to the initial facet joint injection.
  - Administered at the same level(s) as the initial diagnostic block
  - The initial diagnostic facet joint injection/medial branch nerve block resulted in 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 used).
  - A facet joint radiofrequency denervation/ablation is being considered.

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# Therapeutic Facet Joint Injection/Medial Branch Nerve Block

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## Alternative Treatment when Radiofrequency Ablation/Neurotomy is Contraindicated

- The individual is **not a candidate** for a facet joint radiofrequency denervation/ablation due to ONE of the following documented contraindications:
  - 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)
- The first facet joint injections/medial branch nerve blocks performed as an alternative treatment to a radiofrequency ablation/neurotomy considered **medically necessary** when the following criteria has been met:
  - There has been a documented positive response with two (2) sequential diagnostic facet joint injections/medial branch nerve blocks at the same level(s)
    - Positive response is evidenced by at least 80% relief of facet-mediated pain for at least the expected minimum duration of the effect of the local anesthetic used.
- Subsequent therapeutic facet joint injections/medial branch nerve blocks performed as an alternative treatment to a radiofrequency ablation/neurotomy are considered **medically necessary** when BOTH of the following criteria have been met:
  - performed a minimum of six (6) months following the prior therapeutic facet joint injection/medial branch nerve block at the same level(s)
  - documented pain relief of at least 50% for at least 12 weeks following the previous facet joint injection/medial branch nerve block

# Facet Joint Injection Performed with Synovial Cyst Aspiration

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- An initial facet joint injection with synovial cyst aspiration is considered **medically necessary** when ALL of the following criteria have been 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 (based on history and physical exam) with the individual's signs and symptoms of radicular pain/radiculopathy
- A repeat facet joint injection with synovial cyst aspiration is considered **medically necessary** when the following criteria has been met:
  - documented pain relief of at least 50% for at least 12 weeks following the previous facet joint injection/medial branch nerve block

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# Non-Indications

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# Non-Indications

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## Not Medically Necessary

- A facet joint injection/medial branch nerve block performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- A facet joint injection with synovial cyst aspiration performed without meeting the criteria in the **Definitions**, the **General Guidelines**, and the **Indications** sections is considered **not medically necessary**.
- Facet joint injections/medial branch nerve blocks performed subsequent to the initial two (2) diagnostic injections (i.e., therapeutic injections) are considered **not medically necessary**.
  - **Criteria exception:** An exception is allowed if the facet joint injection/medial branch nerve block is performed as an alternative treatment when radiofrequency ablation/neurotomy is contraindicated as noted in the **Indications** section.
- Facet joint injections/medial branch nerve blocks performed using injectates other than anesthetic, corticosteroid, and/or contrast agent, administered alone or in combination, are considered **not medically necessary**.
- Facet joint injections/medial branch nerve blocks of the L5-S1 facet joint, when used for the diagnosis or treatment of sacroiliac (SI) joint mediated pain, are considered **not medically necessary**.
- Additional diagnostic facet joint injections/medial branch nerve blocks are considered **not medically necessary** when there has been a prior successful radiofrequency denervation/ablation at the requested level(s).
- Facet joint injections/medial branch nerve blocks at the same level(s) scheduled as part of a "series" are considered **not medically necessary** in one request without evaluation of response to the prior injection.

## Experimental, Investigational, or Unproven (EIU)

- Facet joint injections/medial branch nerve blocks performed with ultrasound-guidance are considered **experimental, investigational, or unproven**.

# Codes (CMM-201)

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## Codes (CMM-201)

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
<b>64490</b>	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
<b>+64491</b>	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)
<b>+64492</b>	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)
<b>64493</b>	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
<b>+64494</b>	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)
<b>+64495</b>	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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Code	Code Description/Definition
<b>0213T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
<b>+0214T</b>	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)
<b>+0215T</b>	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)
<b>0216T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
<b>+0217T</b>	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)
<b>+0218T</b>	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)

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