Clinical Policy: Facet Joint Interventions

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Coding Implications
Revision Log

Description
Chronic low back pain is frequently attributed to disorders of the facet joint. Neck pain related to whiplash injury is also thought to be related to the cervical zygapophyseal facet joint. However, the diagnosis of facet joint pain is difficult and often is based on pain relief following a diagnostic pain block of the medial branch of the posterior rami of the spinal nerve supplying the facet joint.

Policy/Criteria
It is the policy of PA Health & Wellness® (PHW) that invasive pain management procedures performed by a physician are **medically necessary** when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance.*

I. Facet Joint Injections, performed under fluoroscopy or computed tomographic (CT) guidance, are considered **medically necessary** for the following indications:
- **A.** *Up to two* controlled medial branch blocks/facet joint injections in the lumbar and cervical regions* when all the following criteria are met:
  1. Intermittent or continuous back or neck pain that interferes with ADLs has lasted for ≥ 3 months;
  2. The member has failed to respond to conservative therapy including all of the following:
     a. ≥ 6 weeks chiropractic, physical therapy or prescribed home exercise program;
     b. NSAID ≥ 3 weeks or NSAID contraindicated or not tolerated;
     c. ≥ 6 weeks activity modification;
  3. Clinical findings suggest facet joint syndrome and imaging studies suggest no other obvious cause of the pain (e.g., disc herniation, radiculitis, discogenic or sacroiliac pain). Physical findings of spinal facet joint syndrome can include low back pain exacerbated on extension and rotation; positive response to facet loading maneuvers or pain worse at night;
  4. No more than three spinal levels (unilateral or bilateral) are to be treated at the same session.
  5. If a second injection is required, it is performed at the same level(s) to confirm the validity of a positive clinical response (i.e. >75 % pain relief) to the initial injection, and the injections should be given at least 2 weeks apart;
  6. A radiofrequency joint denervation/ablation procedure is being considered.

*Note: If the first controlled medial branch block/facet joint injection has < 75% pain relief, a second block is **not medically necessary**

II. Facet joint medial branch conventional radiofrequency neurotomy is considered **medically necessary** for the following indications:
- **A.** *Initial facet joint medial branch conventional radiofrequency neurotomy in the lumbar or cervical region* is medically necessary when all of the following criteria are met:

1. Chronic neck or back pain is present;
2. There was a positive response to two diagnostic controlled facet joint injections/medial branch block(s) (at each region to be treated), as indicated by ≥ 75% pain relief with the ability to perform prior painful movements without significant pain;
3. No more than three spinal levels (unilateral or bilateral) are to be treated at the same session.

B. *Repeat facet joint medial branch conventional radiofrequency neurotomy in the lumbar or cervical regions* when all the following criteria are met:
1. At least 6 months have elapsed since the previous treatment;
2. ≥ 50% relief was obtained for at least 4 months, with associated functional improvement, following the previous treatment;
3. No more than three spinal levels (unilateral or bilateral) are to be treated at the same session.

III. *Facet joint injections of the thoracic region* are considered **not medically necessary** because effectiveness has not been established.

IV. *Therapeutic facet joint injections* are considered **not medically necessary** because effectiveness has not been established.

V. *Conventional radiofrequency neurotomy of the facet joints of the thoracic region* is considered **not medically necessary** because effectiveness has not been established. There is a need for further well-designed, randomized controlled trials to evaluate effectiveness.

VI. *Pulsed radiofrequency neurotomy of the facet joints* is considered **not medically necessary.** The available evidence on the effectiveness of pulsed radiofrequency in the treatment of patients with various chronic pain syndromes is largely based on retrospective, case series studies. Its clinical value needs to be examined in well-designed, randomized controlled trials with large sample size and long-term follow-up. Studies on pulsed radiofrequency ablation continue to be done.

Background

Facet Joint Injection

Patients referred for facet injections most often have degenerative disease of the facet joints. However, even if the facet joint appears radiologically normal, facet injections still may be of use as radiologically occult synovitis can cause facet pain, particularly in younger patients. Post laminectomy syndrome, or nonradicular pain occurring after laminectomy, is also an acceptable reason to perform facet injections.

The body of evidence for facet joint injection equivocally supports the use of corticosteroids or local anesthetic for low back pain of facet joint origin, but questions remain regarding long-term safety, patient selection criteria, and comparative effectiveness versus standard therapies.[1] It is unclear whether improvements from facet joint injections last beyond three to six months.

Evidence is insufficient to support the use of facet joint injections for thoracic pain of facet joint origin, as only one randomized controlled trial has been conducted.[1,17]

It is recommended that facet joint interventions be performed under fluoroscopy or computed tomographic (CT) guidance.[20] The evidence evaluating ultrasound guidance for facet joint interventions is limited and inconclusive at this time.

Facet Joint Radiofrequency Neurotomy

Based on the outcome of a facet joint nerve block, if the patient gets sufficient relief of pain, but the pain recurs, one of the options is to denervate the facet joint. Radiofrequency neurotomy, also known as radiofrequency ablation, has been shown to temporarily reduce cervical and lumbar pain. Radiofrequency neurotomy involves delivering radio waves to targeted nerves via needles inserted through the skin. The heat created by the radio waves interferes with the nerves' ability to transmit pain signals.

Studies comparing pulsed radiofrequency neurotomy with conventional radiofrequency neurotomy have had low sample size and poor inclusion criteria.[18] Further research should be conducted to determine safety and efficacy of pulsed radiofrequency neurotomy for low back pain.[8]

Coding Implications

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CPT codes that support coverage criteria

CPT® Codes	Description
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)

CPT® Codes	Description
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)
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)
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

CPT codes that do not support coverage criteria

CPT® Codes	Description
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)

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
M43.11	Spondylolisthesis, occipito-atlanto-axial region
M43.12	Spondylolisthesis, cervical region
M43.16	Spondylolisthesis, lumbar region
M46.92	Unspecified inflammatory spondylopathy, cervical region
M46.96	Unspecified inflammatory spondylopathy, lumbar region
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.892	Other spondylosis, cervical region
M47.896	Other spondylosis, lumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M53.82	Other specified dorsopathies, cervical region
M53.86	Other specified dorsopathies, lumbar region
M54.2	Cervicalgia
M54.30-M54.32	Sciatica
M54.40-M54.42	Lumbago with sciatica
M54.5	Low back pain
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified

+Indicates a code requiring an additional character

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy split from CP.MP.118 Injections for Pain Management. Minor rewording for clarity.	09/18	10/18
Moved A.1 to A.5 and clarified that injections must be 2 weeks apart if a second injection is required due to a lack of positive response.	10/2020	12/7/2021

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Clarified that facet joint injections of the thoracic region are not medically necessary in III, and reordered not medically necessary statements III-VI. References reviewed and updated. Coding reviewed. Specialty review completed.		
Added to policy statements that interventions should be performed under fluoroscopy or computed tomographic (CT) guidance. Revised language in I.A. 5 for clarity. Added criteria I.A.6 requiring that radiofrequency joint denervation/ablation procedure is being considered. Added the following CPT codes as investigational: 0213T, 0214T, 0215T, 0216T, 0217T, and 0218T and noted in background that there is insufficient evidence to support US guided interventions. References reviewed and reformatted for AMA style. Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Annual review performed, references reviewed and updated. Coding and Specialty review completed.	9/29/2021	
Annual review. Background updated with no impact on criteria. References reviewed and updated.	9/22/2022	

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