

## Clinical Policy: Facet Joint Interventions

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[Coding Implications](#)

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### 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 Coordinated Care of Washington, Inc., in accordance with the Health Care Authority's Health Technology Assessment, that facet joint interventions are **medically necessary** when *the relevant criteria are met*.

- 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 activities of daily living (ADLs) has lasted for  $\geq 3$  months;
    2. The member has failed to respond to conservative therapy including all of the following:
      - a.  $\geq 6$  weeks chiropractic, physical therapy or prescribed home exercise program;
      - b. Nonsteroidal anti-inflammatory drugs (NSAIDs)  $\geq 3$  weeks or NSAIDs contraindicated or not tolerated;
      - c.  $\geq 6$  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,
    7. Maximum of 3 injections in 6 months.

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

**II.** Facet joint medial branch conventional radiofrequency neurotomy in the *lumbar region* performed under fluoroscopy or computed tomographic (CT) guidance is considered **medically necessary** for the following indications:

**A.** *Initial* facet joint medial branch conventional radiofrequency neurotomy in the lumbar region is medically necessary when all of the following criteria are met:

1. Member is 18 years of age or older;
2. Chronic, non-radicular, back pain is present for at least three months referable to the facet joint;
3. There was a positive response to two diagnostic differential facet joint injections/medial branch block(s) (at each region to be treated), as indicated by  $\geq 80\%$  pain relief with the ability to perform prior painful movements without significant pain;
4. No more than two joints are to be treated at the same session.

**B.** *Repeat* facet joint medial branch conventional radiofrequency neurotomy in the lumbar region is considered **medically necessary** when all the following criteria are met:

1. At least 6 months have elapsed since the previous treatment;
2.  $\geq 50\%$  relief was obtained for at least 4 months, with associated functional improvement, following the previous treatment;
3. No more than two joints are to be treated at the same session.

**III.** Facet joint medial branch conventional radiofrequency neurotomy in the *cervical region* performed under fluoroscopy or computed tomographic (CT) guidance is considered **medically necessary** for the following indications:

**A.** *Initial* facet joint medial branch conventional radiofrequency neurotomy in the cervical region is medically necessary when all of the following criteria are met:

1. C3-4 through C6-7, only;
2. Member is 18 years of age or older;
3. Chronic, non-radicular, neck pain is present for at least three months referable to the facet joint;
4. There was a positive response to two diagnostic differential facet joint injections/medial branch block(s) (at each region to be treated), as indicated by 100% pain relief;
5. No more than one joint is to be treated at the same session.

**B.** *Repeat* facet joint medial branch conventional radiofrequency neurotomy in the cervical region is considered **medically necessary** when all the following criteria are met:

1. At least 6 months have elapsed since the previous treatment;
2.  $\geq 50\%$  relief was obtained for at least 4 months, with associated functional improvement, following the previous treatment;
3. No more than one joint is to be treated per intervention.

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

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

**VI.** *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.

**VII.** *Pulsed radiofrequency neurotomy of 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.<sup>1</sup> 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.<sup>1,17</sup>

It is recommended that facet joint interventions be performed under fluoroscopy or computed tomographic (CT) guidance.<sup>20</sup> 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.<sup>18</sup> Further research should be conducted to determine safety and efficacy of pulsed radiofrequency neurotomy for low back pain.<sup>8</sup>

**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)
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

CPT® Codes	Description
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)
64999	Unlisted procedure, nervous system.

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)

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed.	08/19	11/19
Revised wording of section I.A. to match corporate. No change to criteria. Updated reference.	01/20	03/20
Clarified that facet joint injections of the thoracic region are not medically necessary in IV, and reordered not medically necessary statements IV-VII.	03/20	04/20
Minor rework of section I.A. (injections) to match corporate language. Revised language in I.A. 5 for clarity. Added criteria I.A.6 requiring that radiofrequency joint denervation/ablation procedure is being considered. Updated pain verbiage in section II.A. and III.A. to exactly match HTA, except 3 months of conservative treatment as per Billing Guidelines. Noted non-covered neurotomies. References reviewed and updated.	08/20	09/20

Reviews, Revisions, and Approvals	Date	Approval Date
Clarified that radiographic guidance is required for the injections. Noted maximum of 3 injections. Removed requirements for injection that were in the neurotomy criteria. Clarified clinically significant improvement for second neurotomy. Indicated neurotomy of the thoracic region is not medically necessary rather than not covered. Updated references. Changed “members” to “members/enrollees.”	08/21	09/21
Annual review. Grammatical updates added to Description, first paragraph in Policy/Criteria and in Criteria I., II., V., and VI. Background updated with no impact on criteria. Separated CPT codes that support coverage criteria from those that do not. References reviewed and updated.	7/22	10/22

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**Important Reminder**

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