Medical Policy

Facet Joint Nerve Injections

Policy Number: OCA 3.9641
Version Number: 13
Version Effective Date: 06/01/16

Product Applicability

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Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers diagnostic or therapeutic facet joint nerve injections using a local anesthetic agent to be medically necessary when performed under fluoroscopic guidance for the management of chronic neck pain related to the cervical facet joint or chronic back pain from the lumbar facet joint when Plan criteria are met. Chronic back pain or chronic neck pain is defined as pain that has lasted longer than three (3) months despite appropriate non-surgical intervention such as non-steroidal anti-inflammatory medications and physical therapy. Plan prior authorization is required for diagnostic and/or therapeutic facet joint nerve injections. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication. Facet joint nerve injections for the treatment of acute back pain or acute neck pain are considered not medically necessary.

Facet Joint Nerve Injections

◊ Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.
Facet Joint Nerve Injections

A facet joint nerve injection into a thoracic facet joint for mid back pain or for any other indication is considered experimental and investigational. The Plan considers the treatment of facet joint nerve injections to be experimental and investigational when used for the treatment of thoracic facet joint pain, sacroiliac joint pain, and/or any other indication not specified in the Medical Policy Statement section of this Plan policy. The Plan considers facet joint nerve injections performed without fluoroscopic guidance to be experimental and investigational. It will be determined during the Plan’s prior authorization process if the procedure is considered experimental and investigational for the requested indication. See the Plan’s policy, Experimental and Investigational Treatment (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment.

See Plan policy, Facet Denervation Treatments (Including Percutaneous, Non-Pulsed Radiofrequency), policy number OCA 3.70, for guidelines for facet denervation. Various methods of facet denervation may be used for pain management, including radiofrequency (non-pulsed, pulsed, and cooled) denervation, chemical facet neurolysis, laser facet thermal ablation (also known as laser facet neurolysis), and cryodenervation. Review Plan policy, Sacroiliac Joint Injections, policy number OCA 3.9642, for guidelines for sacroiliac joint injections.

Description of Item or Service

Facet Joint Nerve Injection: A diagnostic or therapeutic injection using a local anesthetic agent is injected into the paravertebral facet joint (with or without a steroid) or near the facet medial branch nerves/facet joint nerves that supply the facet joint of the cervical, thoracic or lumbar spine. Facet injections are performed under fluoroscopic guidance for the treatment of chronic back pain or chronic neck pain. Facet injections include intraarticular facet injections (facet blocks) or facet medial branch blocks. The medication (i.e., local anesthetic agent with or without steroids) is injected directly into the cavity of the facet joint (intraarticular facet injection or facet block), or a local anesthetic agent is injected around the nerve supply to the facet joint (facet medial branch block). Facet injections are divided into two phases: the diagnostic phase and the therapeutic phase. In the diagnostic phase, an injection is given and if there is pain relief (positive block), additional injections may be given as part of the therapeutic phase. If there is no pain relief after the diagnostic injection (negative block), the therapy is not continued.

See Plan policy, Facet Denervation Treatments (Including Percutaneous, Non-Pulsed Radiofrequency), policy number OCA 3.70, for Plan guidelines for chemical facet neurolysis (i.e., the use of chemical facet joint injections with agents such as phenol, alcohol, and/or hypertonic saline for pain relief), which the Plan considers experimental and investigational. The Plan considers diagnostic or therapeutic facet joint nerve injections to be medically necessary for cervical facet joint pain or lumbar facet joint pain when Plan criteria are met (as specified in the Medical Policy Statement and Limitations sections of this policy). The Plan considers the treatment of facet joint nerve injections to be experimental and investigational when used for the treatment of thoracic facet joint pain, sacroiliac facet joint pain.
Medical Policy Statement

The Plan considers diagnostic and/or therapeutic facet joint nerve injections (including intraarticular facet injections/facet blocks or facet medial branch blocks) to be medically necessary for chronic back pain or chronic neck pain when the Plan’s procedure criteria, medical criteria, and guidelines for frequency and number of injections are met (as outlined below in items A, B, and C), and those criteria are documented in the member’s medical record.

A. Procedure Criteria:

ALL of the following criteria are met, as specified below in item 1, item 2, and item 3:

1. Facet joint nerve injection(s) will administer an anesthetic agent and/or steroid for the management of chronic pain (as defined below in Medical Criteria, section B); AND

2. Facet joint nerve injection(s) will be performed under fluoroscopic guidance; AND

3. Facet joint nerve injection(s) will be done on the cervical spine or lumbar spine∞ in the paravertebral facet joint(s) or near the facet medial branch nerves/facet joint nerves that supply the targeted facet joint(s); AND

∞ Note: Facet joint nerve injections (diagnostic and/or therapeutic) into a thoracic facet joint (or near the facet medial branch nerves/facet joint nerves that supply a thoracic facet joint) are considered experimental and investigational for all indications, as specified in the Limitations section of this policy.

B. Medical Criteria:

A facet block or facet medial branch block may be therapeutic or diagnostic. See applicable criteria below, EITHER item 1 for criteria for diagnostic facet joint nerve injections or item 2 for criteria for therapeutic facet joint nerve injections.

1. Criteria for Diagnostic Facet Joint Nerve Injection:

Diagnostic cervical or lumbar facet joint nerve injections (including corresponding intraarticular facet injections/facet blocks or facet medial branch blocks) are considered medically necessary when ALL of the following medical criteria are met for diagnostic injections (as specified below in items a through g), and the guidelines for the number and frequency of injections are met for the diagnostic phase (as specified in item C1 of this section):

Facet Joint Nerve Injections

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a. The member has experienced severe and disabling non-radiclular low back or neck pain with BOTH of the following pain characteristics, as specified below in items (1) and (2):

(1) Pain has occurred for at least three (3) months (i.e., chronic pain); AND

(2) Pain is at least intermittent or continuous and is causing functional disability; AND

b. Pain is suggestive of cervical facet joint origin or lumbar facet joint origin, as evidenced in the member’s medical record with ALL of the following criteria met and documented, as specified below in items (1), (2), and (3):

(1) History of primarily non-radiculur or axial pain; axial pain is localized at the primary site but can vary in intensity and/or duration of symptoms; AND

(2) Physical examination shows a positive provocative sign or condition of facet disease for each spinal level to be treated with findings documented in the member’s medical record; these signs include at least ONE (1) of the following, as specified below in item (a), item (b), or item (c):

(a) Pain with palpation along the paravertebral regions and directly over the transverse processes; OR

(b) Pain that is increased with hyperextension or rotation of the lumbar spine; OR

(c) A positive facet loading test; AND

(3) Radiographic imaging excludes other causes of lumbar pain or cervical pain prior to treatment with diagnostic spinal injections that confirm the presence of facet disease; AND

c. Absence of prior spinal fusion at each of the clinically suspected levels; AND

d. There is no objective physical exam sign or electro diagnostic sign of radiculopathy from disc herniation or other spinal pathology in each of the levels being treated as confirmed by ALL of the following applicable criteria, as specified below in items (1) through (3):

(1) Negative straight leg raise test when the member’s pain is suggestive of lumbar facet joint origin; this test is used to diagnosis lumbar (or sacral) nerve root radiculopathy and does not apply to pain suggestive of a cervical facet joint origin; AND

(2) No focal motor, sensory, or reflex abnormality; AND
(3) When the member has pain that radiates below the knee and has an abnormal straight leg raise test or an abnormal neurological exam, at least ONE (1) of the following additional criteria is required, as specified below in item (a) or item (b):

(a) No evidence of lumbosacral or cervical radiculopathy on electromyography (EMG)/nerve conduction study (Note: EMG/nerve conduction study is otherwise NOT required to meet Plan criteria); OR

(b) MRI confirms no nerve root involvement; AND

e. The member’s symptoms have failed to respond to conservative treatment (including physical therapy), as defined below in BOTH item (1) and item (2):

(1) Conservative Treatment (Except Physical Therapy):

The member’s symptoms have failed to respond to at least a three (3)-month course of documented conservative measures, including at least ONE (1) of the following, as specified below in items (a) through (d):

(a) Activity modification; OR

(b) Correction of postural abnormalities; OR

(c) Pharmacotherapies (e.g., anti-inflammatories, analgesics, or muscle relaxants); OR

(d) The treating physician, and/or treating licensed independent practitioner practicing within the scope of his/her license (i.e., nurse practitioner or physician assistant) has documented the member’s inability to undergo or tolerate the conservative treatment specified above in items (a) through (c), with member-specific information to support this determination; AND

(2) Physical Therapy:

ONE (1) of the following criteria is met for physical therapy, as specified below in item (a) for failed clinical response to physical therapy or item (b) when the member is unable to tolerate physical therapy:

(a) Failed Clinical Response to Physical Therapy:
Within the last 24 calendar months of the prior authorization request, the treating physical therapist has documented BOTH of the following conditions in the member’s medical record, as specified below in item i and item ii:

i. The member’s symptoms have failed to respond to six (6) weeks of physical therapy for the member’s condition (i.e., chronic neck pain or chronic back pain), with member-specific information to support this determination;† AND

† Note: The six (6) weeks of physical therapy may also be included as a component of the three (3)-month course of required conservative treatment specified above.

ii. No reduction in associated pain or only a minor reduction in pain with physical therapy, with member-specific information to support this determination; OR

(b) Inability to Tolerate Physical Therapy:

The treating physical therapist, treating physician, and/or treating licensed independent practitioner practicing within the scope of his/her license (i.e., nurse practitioner or physician assistant) has documented in the member’s medical record within the last 24 calendar months the member’s inability to physically tolerate physical therapy for this condition (including documentation of the member’s pain levels, member’s functional limitations due to the pain, member’s physical exam findings, and provider’s description of why the member was unable to tolerate physical therapy); AND

f. The member is age 18 or older on the date of service; AND

g. The number of diagnostic injections does not exceed the Plan’s guidelines for frequency and number of diagnostic injections (as specified in item C of this section), and the injection(s) will be administered under fluoroscopic guidance into a cervical facet joint or lumbar facet joint; OR

2. Criteria for Therapeutic Facet Joint Nerve Injection:

A facet block or facet medial branch block may be therapeutic or diagnostic. Therapeutic cervical or lumbar facet joint nerve injections are considered medically necessary when ALL of the following medical criteria are met for therapeutic injections (as specified below in items a through e), and the guidelines for the number and frequency of injections are met for the therapeutic phase (as specified in item C2 of this section):

Facet Joint Nerve Injections

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a. All criteria are met for diagnostic facet joint nerve injection(s), as specified above in item B1; AND

b. A previous diagnostic injection identifies facet joint nerve disturbance as the source of pain with BOTH of the following results, as specified below in item (1) and item (2):

   (1) Greater than 70% pain relief from baseline pain after the diagnostic injection; AND

   (2) Ability to perform previously painful movement without deterioration of the pain relief; AND

c. The therapeutic injection (either intraarticular facet injection/facet block or facet medial branch block per injection site) is provided as part of a comprehensive pain management program, and the pain management program includes ALL of the following components, as specified below in items (1) through (4):

   (1) An individualized treatment plan has been developed for the member by the treating provider; AND

   (2) As part of the treatment plan, the treating provider reviews previous and current services and documents in the medical record a physical exam (when appropriate); AND

   (3) The treating provider evaluates the results of each facet joint injection and documents the member’s pain condition, duration of clinical response, and functional improvement in activities, including at least ONE (1) of the following, as specified below in items (a) through (e):

      (a) Increased social activities; OR

      (b) Decreased need for pain medication; OR

      (c) Performing activities of daily living; OR

      (d) Returning to work; OR

      (e) Sleeping; AND

   (4) The treating provider coordinates a medically necessary service or treatment (as defined in the Plan’s Medically Necessary policy, policy number OCA: 3.14) to

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maximize physical functioning for the member, while complying with the Plan's prior authorization guidelines; AND

d. For a repeat therapeutic injection, the prior therapeutic injection has provided greater than 50% pain relief for at least six (6) weeks; AND

e. The number of therapeutic injections does not exceed the Plan’s guidelines for frequency and number of therapeutic injections (as specified in item C of this section), and the injection(s) will be administered under fluoroscopic guidance into a cervical facet joint and/or lumbar facet joint; AND

C. Guidelines for Frequency and Number of Injections:

See applicable criteria below for frequency and number of injections, EITHER item 1 for the diagnostic phase or item 2 for the treatment or therapeutic phase. When the Plan’s applicable medical criteria are met (as stated above for either the diagnostic or therapeutic phase of treatment), the frequency and number of facet injections that are considered medically necessary are specified below.

1. Diagnostic Phase:

BOTH of the following criteria must be met for the diagnostic phase of cervical or lumbar facet joint nerve injections, as specified below in item a and item b:

a. No more than the following number of injections (either intraarticular facet injection/facet block or facet medial branch block per injection site) may be allowed in a 14-day period to determine the origin of the member’s pain; i.e., each series of injections within this guideline counts as one (1) session of treatment for the member, as specified below as item (1) and item (2):

   (1) For bilateral injections, no greater than one (1) injection per level per side up to two (2) joint levels bilaterally, with both injections in one (1) region (i.e., EITHER the cervical region or the lumbar region); AND

   (2) For unilateral injection(s), no greater than one (1) injection per level per side up to two (2) joint levels unilaterally, with both injections in one (1) region (i.e., EITHER the cervical region or the lumbar region); AND

b. The member has received no more than four (4) sessions (i.e., series of injections) per region (i.e., cervical region or lumbar region) in a 12-month period (with the 12-month time frame beginning on the date of the first injection); OR
2. **Treatment or Therapeutic Phase:**

ALL of the following criteria must be met for the therapeutic phase of cervical or lumbar facet joint nerve injections, as specified below in items a through d:

a. After the diagnostic phase is complete for the region to be treated, no more than the following number of injections (either intraarticular facet injection/facet block or facet medial branch block per injection site) may be allowed in the therapeutic phase, as specified below in item (1) and item (2):

   (1) For bilateral injections, no greater than one (1) injection per level per side up to two (2) joint levels bilaterally, with both injections in one (1) region (i.e., EITHER the cervical region or the lumbar region) per day/per session; AND

   (2) For unilateral injection(s), no greater than one (1) injection per level per side up to two (2) joint levels unilaterally, with both injections in one (1) region (i.e., EITHER the cervical region or the lumbar region) per day/per session; AND

b. Sessions are allowed up to every two (2) months or longer, provided that greater than 50% relief is obtained for at least six (6) weeks (i.e., each series of injections within this guideline counts as one [1] session of treatment for the member); AND

c. A maximum of four (4) sessions (i.e., series of injections) per region (i.e., cervical region or lumbar region) for facet injections per level are allowed in a 12-month period (with the 12-month time frame beginning on the date of the first injection); AND

d. Under unusual circumstances with a recurrent injury or cervicogenic headache, therapeutic facet injections may be repeated at intervals of no more frequently then every six (6) weeks per region (i.e., cervical region or lumbar region).

**Limitations**

1. A facet joint nerve injection for the treatment of acute back or acute neck pain is not considered medically necessary.

2. Facet nerve injection for the treatment of postlaminectomy syndrome (i.e., member continues to have back pain after laminectomy performed) is considered experimental and investigational.
3. A facet joint nerve injection conducted without guided imaging (i.e., blinded) or guided by CT, ultrasonography, or MRI (rather than fluoroscopic guidance) is considered experimental and investigational.

4. Facet joint nerve injections in a thoracic facet joint (or near the facet medial branch nerves/facet joint nerves that supply a thoracic facet joint) are considered experimental and investigational.

5. Facet nerve injection for a member less than age 18 on the date of service requires Plan Medical Director review.

6. When the patient has exceeded the maximum allowable number of injections specified in this Plan policy, the service is not considered medically necessary.

7. Concurrent injection of the sacroiliac joint in the diagnostic phase or therapeutic phase of facet joint injections is not considered medically necessary. (See Plan medical policy, Sacroiliac Joint Injections, policy number OCA: 3.9642, for guidelines for sacroiliac joint injections.)

8. A diagnostic or therapeutic facet joint nerve injection is not considered medically necessary when performed on a member to predict the outcome of an anticipated spinal fusion surgery when applicable Plan criteria are not met (as specified in the Medical Policy Statement section of this policy).

9. Contraindications to facet joint nerve injections include at least ONE (1) of the following, as specified below in items a through g:
   
   a. Patient with bleeding tendency or who is undergoing anticoagulation therapy; OR
   
   b. Patient with local or systemic infection due to the risk of spreading the infection; OR
   
   c. Patient with an unstable medical condition; OR
   
   d. Patient with a malignancy at the injection site; OR
   
   e. Patient is pregnant; OR
   
   f. Patient has a history of an allergic reaction to a local anesthetic and/or steroid used with facet injections; OR
   
   g. Severe foraminal stenosis is a relative contraindication to intra-articular facet joint injections since injections into the facet joints can cause joint swelling, worsening a preexisting foraminal stenosis.

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**Definitions**

**Facet Joint:** Also known as paravertebral facet joints, zygapophyseal joints, or Z-joints, facet joints are pairs of small are joints that are situated between the interlocking bones at each vertebral level of the spine, allowing the spine to flex while maintaining its stability. Facet joints are named for the vertebrae they connect and the side of the spine where they are found. There are two facet joints at every level of the vertebral column, except at the top level of the cervical spine. Facet joints are encased with facet joint capsules which contain synovial fluid that protects and lubricates the joints. When functioning correctly, facet joints move freely controlling the movement of the spine. Facet joint pain may arise directly from the facet joint either from inflammation or nerve impingement (which must be ruled out with diagnostic testing). When facet joints become worn or torn, the cartilage may become thin or disappear and there may be a reaction of the bone of the joint underneath, producing overgrowth of bone spurs and an enlargement of the joints. The facet joints are thought to be a common source of chronic neck pain and/or chronic back pain. For lumbar facet joints, the symptoms often include low back pain, radiating pain down the back of the buttocks and upper thighs, and increased pain while standing or bending backward. For cervical facet joints, the symptoms include neck pain, radiating pain across the neck and shoulders, and worsening symptoms with turning the head from side to side or looking up.

**Facet Joint Innervation:** Facet joints have a nerve supply from two levels, one branch arises from the nerve root/medial branch at that facet joint level and the second from the facet joint level above. For example, when considering the L4–L5 facet joint, innervation is supplied by the medial branches originating from the L3 and L4 nerves. The dorsal primary ramus (major terminal branch of all 31 pairs of mixed spinal nerves) loops posteriorly and splits into a lateral branch, intermediate branch, and a medial branch. It is this medial branch of the dorsal primary ramus that supplies the sensation for the facet joints. (Note: The L5 medical branch cannot be anesthetized, so the targeted nerve is the L5 dorsal ramus for the diagnosis or treatment of facet pain.) Practitioners should take care when referring to a segment to identify if the provider is a referring to the joint or to the nerves that innervate that joint.

**Facet Loading Test:** A physical exam and analysis of the patient's symptoms used by a physician/provider to help identify the facets that will be subjected to diagnostic blocks. Clinical findings such as tenderness to palpation over the facet joint and the coetaneous distribution of pain help identify the facet joint to be injected. For cervical facet joints, there are distinctive segmental pain patterns, with some overlap between these patterns and those for cervical discogenic pain. If the patient has marked tenderness to palpation of a particular facet joint or if pain increases with motion or loading of the facet joints.
joint, trial blockade of the joint may be considered. Acute sinovitis may present as posterior focal discrete pain, easily identifiable by palpation and axial loading, and referral pattern. Intra-articular facet injections can play a role in precisely localizing the source of pain.

**Facet Medial Branch Block:** A type of facet injection where a strong local anesthetic is injected on or near the medial branch nerves that supply the targeted facet joint(s) to temporarily interrupt the pain signal being carried from a specific facet joint. If pain is relieved with treatment according to established guidelines, a diagnosis of facet joint(s) pain may be made. No steroid is administered with a medical branch block.

**Facet Medial Branch Nerves:** Small nerves that carry pain signals from the facet joints in the spine to the brain.

**Radiculopathy:** A condition in which one or more nerve roots are compressed, which adversely affects their function and causes them to not work properly. A radiculopathy can manifest with some or all of the following symptoms and signs: radiating extremity pain in a dermatomal distribution; focal motor level weakness; focal sensory level numbness; difficulty controlling specific muscles; reflex abnormalities. When a radiculopathy exists, the problem occurs at or near the nerve root; however, pain or other symptoms often radiate to the part of the body served by that nerve. For example, a nerve root impingement in the neck can produce pain and weakness in the forearm. Likewise, a compressed nerve in the lower back or lumbar-sacral spine can be manifested with symptoms in the foot. Radiculopathy may also present in an extremity through a process called referred pain, where pain is felt in the affected extremity, as opposed to the spine.

**Straight Leg Raise Test:** The classical straight leg raise test is performed with the patient lying supine with the legs fully extended. In the patient with lower back pain, the leg with pain is the one being evaluated. The examiner places one hand under the ankle of the affected leg and the other hand on the knee, and then lifts the ankle and flexes the hip/thigh relative to the pelvis. The nerve roots are not brought to tension and stretched by the straight leg raise until 35 to 70 degrees of angulation have been reached at the hip/thigh. The test is considered positive if pain is reproduced or increased in the lower back or leg. Since the straight leg raise is not completely sensitive or specific to radiculopathy, further testing must be pursued to define the nature of the irritation if the straight leg raise is ever positive. The test is used as a component of the clinical evaluation to diagnose lumbosacral radiculopathy.

**Applicable Coding**

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common
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Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

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<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary (Using Fluoroscopy or CT)</th>
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<tr>
<td>64490</td>
<td>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</td>
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| 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 and do not report 64492 more than once per day) |
| 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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<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Considered Experimental and Investigational (Using Ultrasound Guidance)</th>
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<tr>
<td>64495</td>
<td>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 and do not report 64495 more than once per day)</td>
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<td>0213T</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level</td>
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<td>0215T</td>
<td>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 and do not report 0215T more than once per day)</td>
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<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level</td>
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<td>0217T</td>
<td>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)</td>
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<td>0218T</td>
<td>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 and do not report 0218T more than once per day)</td>
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Clinical Background Information

Lumbar intervertebral discs, facet joints, sacroiliac joint, ligaments, fascia, muscles, and nerve root dura have been shown to be capable of transmitting pain in the lumbar spine with resulting symptoms of low back pain and lower extremity pain. The diagnostic blocks applied in the precision diagnosis of chronic low back pain include lumbar facet joint nerve blocks, lumbar provocation discography, and sacroiliac joint blocks.

Disorders of the facet joints often contribute to chronic neck pain and/or chronic back pain. Patients with lumbar facet pain (also called facet syndrome) typically present with back, buttock, or hip pain. A useful test is to ask patients to push the pelvis forward while standing with their hands on their hips, because this movement typically reproduces facet-mediated pain. Radiculopathy, leg weakness, and leg numbness are not considered part of the facet syndrome and suggest nerve root compression, although this may be secondarily caused by facet hypertrophy.

Cervical facet pain is not characterized as easily as lumbar facet pain, and it can occur with a variety of symptoms. Headaches, neck muscle spasms, and general or focal neck pain can originate from the facet joints. This pain is typically worse when patients extend or turn their neck. In particular, the upper cervical facets can often cause occipital headaches. As in the lumbar spine, radiculopathy or arm weakness and/or numbness should suggest an alternative diagnosis.

Mid back pain that is derived from a thoracic facet joint is rare. The clinical picture of painful thoracic facet joints is thought to be analogous to that in the lumbar region, although there are very little data at this time. No clearly delineated thoracic facet syndrome exists. Symptoms may include pinpoint pain of the spine or pain along the shoulder blade, continuous or nearly continuous unilateral or bilateral paravertebral pain, and tenderness in a clearly identified thoracic area of the back, without objective neurologic signs.

By blocking the nerve to the facet joint, pain impulses can be interrupted. Generally, facet blocks (intraarticular facet injections) are performed as part of a work-up for chronic back pain or chronic neck pain and are considered diagnostic or therapeutic. Diagnostic facet blocks use short-acting local anesthetics to diagnose facet (zygapophyseal) joint syndrome as the cause of chronic back pain and chronic neck pain. Confirmation that the facet joint nerve is the source of pain is obtained if the block is successful in pain relief. Therapeutic facet blocks use long-acting local anesthetics and/or anti-inflammatory agents such as corticosteroids as a treatment for chronic back pain and chronic neck pain. If successful a series of facet blocks may be medically necessary for relapse in pain, however, it is generally not reasonable to perform more than 4 series of injections in a 12-month period. Anti-inflammatory steroid and local anesthetic injected directly into the facet joints may produce significant pain relief. If an injection directly into the joint does not provide sustained relief, or the member’s medical history precludes repeated steroid injections, a medial branch block can be performed.

Facet injections involve placing a needle into the paravertebral facet joint (facet block) or near medial branch nerves/facet joint nerves (medial branch block) generally under fluoroscopic guidance. With

Facet Joint Nerve Injections

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medial branch blocks, a strong local anesthetic is injected on or near the medial branch nerves that supply the targeted facet joint(s) to temporarily interrupt the pain signal being carried from a specific facet joint. If pain is relieved with treatment according to established guidelines, a diagnosis of facet joint(s) pain may be made. Zygapophyseal joint injections, paravertebral facet joint block, dorsal ramus injection, posterior ramus injection are all used to diagnose and treat facet region pain. Although the techniques of injections vary, the terms are often used interchangeably. Typically, facet injections are done in the outpatient setting. Serious side effects are rare, but reported complications include local anesthetic reactions, infection, degenerative changes in the facet joints, hemorrhage, dural puncture, spinal cord trauma, chemical meningitis, neural trauma, paralysis, radiation exposure, facet capsule rupture, hematoma formation, steroid side effects (including suppression of the hypothalamic-pituitary-adrenal axis for up to four [4] weeks due to steroids with resultant elevated glucose levels for less than a week), and epidural, subdural, or subarachnoid spread.

At the time of the Plan’s most recent policy review, no clinical guidelines were found from the Centers for Medicare & Medicaid Services (CMS) for facet joint nerve injections. Determine if applicable CMS criteria are in effect for this service in a national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request for a Senior Care Options member.

References


Facet Joint Nerve Injections

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Cimolin V. Effects of obesity and chronic low back pain on gait. J Neuroeng Rehabil. 01 Jan 2011; 8:55.


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Facet Joint Nerve Injections


Purcell L, Micheli L. Low back pain in young athletes. Sports Health 2009 May; 1(3) 212-222.


Facet Joint Nerve Injections

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<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
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</thead>
<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>11/01/08 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>MPCTAC, UMC, and QIC</td>
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<tr>
<td>Internal Approval: 06/10/08: MPCTAC 06/24/08: Utilization Management Committee (UMC) 08/13/08: QIC</td>
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*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Well Sense Health Plan New Hampshire Medicaid Product(s): 01/01/13
*Effective Date for Senior Care Options Product(s): 01/01/16

Effective 06/01/13, this policy replaced the Facet Joint Nerve Injections and Sacroiliac Joint Injections for Chronic Neck Pain and Chronic Back Pain policy [policy number OCA: 3.964] which was effective from 11/01/08 to 05/31/13. Also, see Plan policy, Sacroiliac Joint Injection for Chronic Back Pain [policy number OCA: 3.9642] effective 06/01/13.

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
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<tr>
<td>06/23/09</td>
<td>Changed name of the policy, added additional criteria for SIJ injections and replaced the criteria for radiological findings negative for disc herniation and nerve root compression with: negative physical signs of radiculopathy or radicular pain, including negative straight leg raising or root tension signs, normal</td>
<td>10/01/09 Version 2</td>
<td>06/23/09: MPCTAC 06/23/09: UMC 07/22/09: QIC</td>
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Facet Joint Nerve Injections

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>06/01/10</td>
<td>No changes to criteria. Updated references and coding.</td>
<td>Version 3</td>
<td>06/30/10: MPCTAC 07/28/10: QIC</td>
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<tr>
<td>06/01/11</td>
<td>Updated clinical criteria to clarify that the absence of prior spinal fusion must be at the clinically suspect levels, updated references.</td>
<td>Version 4</td>
<td>06/29/11: MPCTAC 07/27/11: QIC</td>
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<tr>
<td>07/01/12</td>
<td>Updated references and revised the introductory paragraph in Applicable Coding section. Code descriptions updated but no change to list of applicable codes. Revised policy title and text to specify the policy relates to chronic neck pain and chronic back pain. Added the following additional contraindication for procedures: ‘Patient with a malignancy at the injection site.’ Medical criteria updated for facet joint nerve injections and sacroiliac joint injections. Definitions added for radiculopathy and straight leg raise test. For facet joint injections, added symptoms of axial pain and signs of facet disease. For sacroiliac joint injections, added types of tests used for a sacroiliac exam. Added definition of a comprehensive pain management program and referenced the Plan’s Medically Necessary policy.</td>
<td>Version 5</td>
<td>06/20/12: MPCTAC 07/18/12: MPCTAC 08/22/12: QIC</td>
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<tr>
<td>08/01/12</td>
<td>Off cycle review for Well Sense Health Plan. No changes.</td>
<td>Version 6</td>
<td>08/13/12: MPCTAC 09/06/12: QIC</td>
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<td>12/01/12</td>
<td>Revised sacroiliac joint injection frequency guidelines in Medical Policy Statement section.</td>
<td>Version 7</td>
<td>12/19/12: MPCTAC 12/20/12: QIC</td>
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<td>02/01/13</td>
<td>Review for effective date 06/01/13. Separated facet joint nerve injections and sacroiliac joint injections into two separate policies; policy formerly titled Facet Joint Nerve Injections and Sacroiliac Joint Injections for Chronic Neck Pain and Chronic Back Pain (formerly 3.964). Revised title and re-numbered policy. Updated language in Summary, Description of Item or Service, Definitions, and Clinical Background</td>
<td>Version 8</td>
<td>02/20/13: MPCTAC 03/21/13: QIC</td>
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## Policy Revisions History

<table>
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<tr>
<th>Date</th>
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<tr>
<td>08/14/13 and 08/15/13</td>
<td>Off cycle review for Well Sense Health Plan and merged policy format. Incorporate policy revisions dated 12/01/12 and 02/01/13 (as specified above) for the Well Sense Health Plan product; these policy revisions were approved by MPCTAC (on 12/19/12 and 02/20/13) and QIC (on 12/20/12 and 03/21/13) for applicable Plan products.</td>
<td>Version 9</td>
<td>08/14/13: MPCTAC (electronic vote) 08/15/13: QIC</td>
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<td>03/01/14</td>
<td>Review for effective date 07/01/14. Updated Summary, Description of Item or Service, Definitions, Clinical Background Information, and References section. Revised policy title from &quot;Facet Joint Nerve Injections for Chronic Back Pain and Chronic Neck Pain&quot; to &quot;Facet Joint Nerve Injections.&quot; Revised and reformatted criteria in the Medical Policy Statement section and Limitations section.</td>
<td>07/01/14 Version 10</td>
<td>03/19/14: MPCTAC 04/16/14: QIC</td>
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<td>02/01/15</td>
<td>Review for effective date 06/01/15. Updated Definitions and References sections. Revised criteria in the Medical Policy Statement section. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available.</td>
<td>06/01/15 Version 11</td>
<td>02/27/15: MPCTAC (electronic vote) 03/11/15: QIC</td>
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<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products and notes. Revised language in the Applicable Coding section.</td>
<td>01/01/16 Version 12</td>
<td>11/18/15: MPCTAC 11/25/15: MPCTAC (electronic vote) 12/09/15: QIC</td>
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<td>02/01/16</td>
<td>Review for effective date 06/01/16. Updated criteria in the Medical Policy Statement and Limitations sections. Updated the Summary, Description of Item or Service, Definitions, Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections.</td>
<td>06/01/16 Version 13</td>
<td>02/17/16: MPCTAC 03/09/16: QIC</td>
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## Last Review Date

02/01/16

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Facet Joint Nerve Injections

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