Medical Policy

Facet Joint Nerve Injections

Policy Number: OCA 3.9641
Version Number: 14
Version Effective Date: 05/01/17

Product Applicability

All Plan\+ Products

Well Sense Health Plan
\- New Hampshire Medicaid
\- NH Health Protection Program

Boston Medical Center HealthNet Plan
\- MassHealth
\- Qualified Health Plans/ConnectorCare/Employer Choice Direct
\- Senior Care Options ◊

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 (including intraarticular facet injections/facet blocks and facet medial branch blocks) 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

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.
injections for the treatment of acute back pain or acute neck pain are considered not medically necessary. See the Plan policy, *Medically Necessary* (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment.

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, *Denervation of Facet Joints or Sacroiliac Joints*, policy number OCA 3.70, for guidelines for facet joint or sacroiliac joint denervation rather than this Plan policy. 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 and both types of injections are performed under fluoroscopy. 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 (2) 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, *Denervation of Facet Joints or Sacroiliac Joints*, policy number OCA 3.70, for Plan guidelines for chemical neurolysis (i.e., the use of chemical facet joint or sacroiliac 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 joint pain, and/or any other indication not specified in the Medical Policy Statement section of this Plan policy.

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.*
Medical Policy Statement

The Plan considers diagnostic and/or therapeutic facet joint nerve injections (including intraarticular facet injections/facet blocks and/or facet medial branch blocks) to be medically necessary for chronic back pain or chronic neck pain when ALL of the following applicable criteria are met and documented in the member’s medical record, as specified below in item A (Procedure Criteria for All Facet Injections), item B (Medical Criteria – Diagnostic or Therapeutic Injections), and item C (Guidelines for Frequency and Number of Injections – Diagnostic or Therapeutic Injections):

A. Procedure Criteria for All Facet Injections:

ALL of the following criteria are met, as specified below in items 1 through 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 – Diagnostic or Therapeutic Injections:

Facet joint nerve injections (including intraarticular facet injections/facet blocks and/or facet medial branch blocks) may be therapeutic or diagnostic. See applicable criteria below, EITHER item 1 for criteria for diagnostic facet joint nerve injections (including the initial treatment when the phases are not differentiated) or item 2 for criteria for therapeutic facet joint nerve injections (including all injections except the initial treatment when the treating provider has not conducted a diagnostic phase or does not differentiate phases, but would exclude the initial facet joint nerve injection[s] administered by the treating provider on the first date of service).

1. Criteria for Diagnostic Facet Joint Nerve Injections:

The following Plan guidelines for diagnostic* facet joint nerve injections (for cervical facet joint nerve injections and/or lumbar facet joint nerve injections) must be met for the treatment to be considered medically necessary, as specified below in items a through g:

   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.
a. The member has experienced severe and disabling non-radicular 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-radicular 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

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.*
(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 the practitioner’s 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 the practitioner’s 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. All applicable criteria in item A of this section are met, 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

* Note: Plan criteria for diagnostic facet joint nerve injections also apply to the initial cervical facet joint nerve injection(s) and initial lumbar facet joint nerve injection(s) administered by the treating provider on the first day of service when the provider does not differentiate between the diagnostic phase and the therapeutic phase.
2. **Criteria for Therapeutic Facet Joint Nerve Injection:**

ALL of the following applicable Plan guidelines for therapeutic** facet joint nerve injections (for cervical facet joint nerve injections and/or lumbar facet joint nerve injections) must be met for the treatment to be consider medically necessary, as specified below in items a through g:

a. ALL criteria must be 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) Demonstrate objective functional improvement without deterioration of pain relief; AND

c. The therapeutic** injection 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

---

*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.*
(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 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. All criteria in item A of this section are met, the number of therapeutic** injections does not exceed the Plan’s guidelines for frequency and number of therapeutic** injections 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; AND

Notes:
* Plan criteria for diagnostic facet joint nerve injections also apply to the INITIAL cervical facet joint nerve injection(s) and INITIAL lumbar facet joint nerve injection(s) administered by the treating provider on the first day of service when the provider does not differentiate between the diagnostic phase and the therapeutic phase.

** Plan criteria for therapeutic facet joint nerve injections also apply to facet joint nerve injection when the treating provider has not conducted a diagnostic phase or does not differentiate between the diagnostic phase and therapeutic phase (but would EXCLUDE the initial facet joint nerve injection[s] administered by the treating provider on the first date of service).

C. Guidelines for Frequency and Number of Injections – Diagnostic or Therapeutic 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:

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

a. During the diagnostic* phase for the region to be treated, no more than the following number of injections (including intraarticular facet injection/facet block and/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)

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.
session of treatment for the member, and ALL of the following applicable criteria in items (1) through (3) must be met based on the type and location of injection(s):

(1) **Criteria Applicable for Intraarticular Facet Injections/Facet Blocks Used in the Diagnostic Phase:**

Applicable criteria must be met for the diagnostic* phase using intraarticular facet injections/bilateral facet blocks, as specified below in item (a) for bilateral treatment and/or item (b) for unilateral treatment:

(a) For **bilateral** intraarticular facet injections/facet blocks, 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) may be allowed in a 14-day period; AND

(b) For **unilateral** intraarticular facet injections/facet blocks, 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) may be allowed in a 14-day period; AND

(2) **Criteria Applicable for Facet Medial Branch Blocks Used in the Diagnostic Phase:**

Applicable criteria must be met for the diagnostic* phase using facet medial branch blocks, as specified below in item (a) for bilateral treatment and/or item (b) for unilateral treatment:

(a) For **bilateral** facet medial branch blocks, no greater than one (1) injection per level per side up to three (3) levels bilaterally, with injections in one (1) region (i.e., EITHER the cervical region or the lumbar region) in a 14-day period;\(£\) AND

(b) For **unilateral** facet medial branch blocks, no greater than one (1) injection per level per side up to three (3) levels unilaterally, with injections in one (1) region (i.e., EITHER the cervical region or the lumbar region) may be allowed in a 14-day period;\(£\) AND

\(£\) Note: With medial branch block injections, a local anesthetic is injected on or near the medial branch nerves connected to a specific facet joint (not in the facet joint itself), and the injections must occur at BOTH the affected facet level and the next facet level based on the anatomical nerve course. Facet joints are innervated from two (2) levels, one (1) branch arises from the nerve root/medial branch at that facet joint level and the second from the facet joint level at the next to the affected facet joint (i.e. one [1] additional facet level

*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.*
below the affected facet level is injected for cervical facet joints and one [1] additional facet level above the affected level is injected for lumbar facet joints) to temporarily block the pain impulse.

b. When performing facet joint injections and/or medial branch blocks, **no more than three (3) levels may be injected during the same session in one (1) region (i.e., EITHER the cervical region or the lumbar region) in a 14-day period** (with all injection types combined, including the diagnostic phase and therapeutic phase); AND

c. The member has received **no more than four (4) sessions (i.e., series of injections) per region (i.e., EITHER cervical region or lumbar region) in a 12-month period** (with the 12-month time frame beginning on the date of the first injection) and includes all injections administered in both the diagnostic and therapeutic phases; OR

*Note: Plan criteria for diagnostic facet joint nerve injections also apply to the initial cervical facet joint nerve injection(s) and initial lumbar facet joint nerve injection(s) administered by the treating provider on the first day of service when the provider does not differentiate between the diagnostic phase and the therapeutic phase.

2. **Treatment or Therapeutic Phase:**

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

a. After the diagnostic* phase is complete for the region to be treated, applicable injection guidelines must be met in the therapeutic** phase. Plan authorized treatments using intraarticular facet injections/facet blocks and/or facet medial branch blocks are based on **no greater than one (1) injection/per joint level/per day/per session and must only occur within one (1) spinal region** according to applicable medical necessity criteria (for unilateral and/or bilateral treatment by type of injection), and the maximum number of treated levels per day/per session must not exceed Plan established thresholds within the corresponding timeframes by treatment type (i.e., guidelines are not based on the number of injections). ALL of the following applicable injection guidelines must be met in the therapeutic** phase, as specified below item (1) and/or item (2) based on the type of injection(s) administered, unilateral or bilateral treatment, and spinal region:

(1) **Criteria Applicable for Intraarticular Facet Injections/Facet Blocks Used in the Therapeutic Phase:**

Applicable criteria must be met for the therapeutic** phase using intraarticular facet injections/bilateral facet blocks, as specified below in item (a) for bilateral treatment and/or item (b) for unilateral treatment:

**Facet Joint Nerve Injections**
(a) For bilateral intraarticular facet injections/bilateral facet blocks, no greater than one (1) injection is administered per level per side up to two (2) joint levels bilaterally, with both injections only in one (1) region (i.e., EITHER the cervical region or the lumbar region) per day/per session; AND

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

(2) Criteria Applicable for Facet Medial Branch Blocks Used in the Therapeutic Phase:

Applicable criteria must be met for the therapeutic** phase using facet medial branch blocks, as specified below in item (a) for bilateral treatment and/or item (b) for unilateral treatment:

(a) For bilateral facet medial branch blocks, no greater than one (1) injection is administered per level per side up to three (3) levels injected bilaterally, with all injections only in one (1) region (i.e., EITHER the cervical region or the lumbar region) per day/per session; AND

(b) For unilateral facet medial branch blocks, no greater than one (1) injection is administered per level per side up to three (3) levels injected unilaterally, with all injections only in one (1) region (i.e., EITHER the cervical region or the lumbar region) per day/per session; AND

◊ Note: With medial branch block injections, a local anesthetic is injected on or near the medial branch nerves connected to a specific facet joint (not in the facet joint itself), and the injections must occur at BOTH the affected facet level and the next facet level based on the anatomical nerve course. Facet joints are innervated from two (2) levels, one (1) branch arises from the nerve root/medial branch at that facet joint level and the second from the facet joint level at the next to the affected facet joint (i.e. one [1] additional facet level below the affected facet level is injected for cervical facet joints and one [1] additional facet level above the affected level is injected for lumbar facet joints) to temporarily block the pain impulse.

b. When performing facet joint injections (including unilateral and/or bilateral intraarticular facet injections/facet blocks and facet medial branch blocks), no more than three (3) levels may be injected during the same session with all injections only one (1) region (i.e., EITHER the cervical region or the lumbar region) in a 14-day period (with all treatments combined, including both the diagnostic* and therapeutic** phases); AND

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.
Note: Bilateral medial branch blocks would require four (4) injections at two (2) levels for the treatment of the one (1) facet joint causing pain (i.e., two [2] injections per side for bilateral treatment of a single facet joint). To treat two (2) adjacent facet joints unilaterally with medial branch blocks, three (3) medial branch block injections would be administered unilaterally at three (3) levels. Each of these treatments with medial branch blocks would meet the threshold of no more than three (3) levels injected in the same session; all applicable criteria related to the timeframe for treatment, frequency of treatment, and pain relief would also apply.

c. 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 (including all injections in both the diagnostic* and therapeutic** phases); AND

d. 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), including all injections in both the diagnostic* and therapeutic** phases; AND

e. 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).

Notes:
* Plan criteria for diagnostic facet joint nerve injections also apply to the initial cervical facet joint nerve injection(s) and initial lumbar facet joint nerve injection(s) administered by the treating provider on the first day of service when the provider does not differentiate between the diagnostic phase and the therapeutic phase.

** Plan criteria for therapeutic facet joint nerve injections also apply to facet joint nerve injection when the treating provider has not conducted a diagnostic phase or does not differentiate between the diagnostic phase and therapeutic phase (but would EXCLUDE the initial facet joint nerve injection[s] administered by the treating provider on the first date of service).

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 not medically necessary.

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 (using applicable criteria by treatment type specified in the Medical Policy Statement section of 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

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.
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.

Review Plan policy, Denervation of Facet Joints or Sacroiliac Joints, policy number OCA 3.70, for guidelines for facet joint or sacroiliac joint denervation rather than this Plan policy. See Plan policy, Experimental and Investigational Treatment (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment. Refer to Plan policy, Medically Necessary (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment.

Definitions

Cervical Facet Joints and Innervation: The cervical region of the spine is made up of seven (7) vertebrae. C1 and C2 are highly specialized. C3-C7 vertebrae are more classic vertebrae, having a body, pedicles, laminae, spinous processes, and facet joints. Facet joints are found on both sides of the spine. Cervical facet joints are named for the vertebrae they connect and the side of the spine where they are found. The right C3-C4 facet joint, for example, joins the 3rd and 4th cervical vertebrae on the right side. Cartilage-covered facet joints not only connect the vertebrae, but they also guide the spine during movement. With an intraarticular facet injection/facet blocks, an anesthetic agent is injected into the paravertebral facet joint (with or without a steroid) into one (1) or more of the cervical facet joints (unilaterally or bilaterally). Pain impulses from damaged facets are relayed along medial branch nerves to the spinal cord. With medial branch block injections, a local anesthetic is injected on or near the medial branch nerves connected to a specific facet joint (not in the facet joint itself), and the injections must occur at both the affected facet level and one facet level below based on the anatomical nerve course (since facet joints are innervated from two [2] levels one [1] branch arises from the nerve root/medial branch at that facet joint level and the second from the facet joint level below for cervical facet joints) to temporarily block the pain impulse. The facet joints are thought to be a common source of chronic neck pain and/or chronic back pain; for cervical facet joint pain, 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: 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

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.
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.

Lumbar Facet Joints and Innervation: The lumbar region of the spine is made up of five (5) vertebrae. Facet joints are found on both sides of the spine. Lumbar facet joints L1-L5 are named for the vertebrae they connect and the side of the spine where they are found. The right L4–L5 facet joint, for example, joins the 4th and 5th lumbar vertebrae on the right side. Cartilage-covered facet joints not only connect the vertebrae, but they also guide the spine during movement. With an intraarticular facet injection/facet blocks, an anesthetic agent is injected into the paravertebral facet joint (with or without a steroid) injected into one or more of the lumbar facet joints (unilaterally or bilaterally). Pain impulses from damaged facets are relayed along medial branch nerves to the spinal cord. With medial branch block injections, a local anesthetic is injected on or near the medial branch nerves connected to a specific facet joint (not in the facet joint itself), and the injections must occur at both the affected facet level and one facet level above based on the anatomical nerve course (since facet joints are innervated from two [2] levels, one [1] branch arises from the nerve root/medial branch at that facet joint level and the second from the facet joint level above for lumbar facet joints) to temporarily block the pain impulse. 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 referring to the joint or to the nerves that innervate that joint. The facet joints are thought to be a common source of chronic neck pain and/or chronic back pain; for lumbar facet joint pain, 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.

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 cutaneous 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 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 connected to a specific facet joint and supply the targeted facet joint to temporarily interrupt the pain signal being carried from a specific facet joint. The injection does not go into the joint itself. If pain is relieved with treatment according to established guidelines, a diagnosis of

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(s) pain may be made. No steroid is administered with a medical branch block. The procedure is primarily diagnostic and typically several levels of the spine are injected in one procedure. If the patient experiences marked pain relief immediately after the injection, then the facet joint is determined to be the source of the patient's pain. The individual may be a candidate for a subsequent procedure (e.g., facet injection or facet denervation) for longer term pain relief.

**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 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 notice.

---

*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.*

16 of 29
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.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description: Codes Covered When Medically Necessary (Using Fluoroscopy or CT)</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>64491</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; second level</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>64492</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; third and any additional level(s)</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to code for primary procedure and do not report 64492 more than once per day)</td>
</tr>
<tr>
<td>64493</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; single level</td>
</tr>
<tr>
<td>64494</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; second level</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to code for primary procedure)</td>
</tr>
<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)</td>
</tr>
<tr>
<td></td>
<td>(List separately in addition to code for primary procedure and do not report 64495 more than once per day)</td>
</tr>
<tr>
<td>CPT Codes</td>
<td>Description: Codes Considered Experimental and Investigational (Using Ultrasound Guidance)</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>
| 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 and do not report 0215T more than once per day) |
| 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 and do not report 0218T more than once per day) |

**Clinical Background Information**

Lumbar intervertebral discs, facet joints, sacroiliac joint, ligaments, fascia, muscles, and nerve root dural 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.

---

*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.*
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. Facet joint disturbances can be responsible for 10% to 50% of all cases of chronic lumbar pain.

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 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

Facet Joint Nerve Injections
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.

At the time of the Plan’s most recent policy review, no national coverage determination (NCD) was found for denervation of facet joint nerve injections from the Centers for Medicare & Medicaid Services (CMS). Local coverage determination (LCD) L35936 includes guidelines for facet joint injections, medial branch blocks, and facet joint radiofrequency neurotomy. Verify CMS criteria in effect for the requested treatment in an applicable CMS NCD or affiliated LCD on the date of the prior authorization request for a Senior Care Options member.

References


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

*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.


Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L35936). National Government Services, Inc. Accessed at: https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=All&KeyWord=facet+joint+injection&KeyWordLookUp>Title&KeyWordSearchType=And&bc=gAAAAAABAAA%3D%3D=&


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


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


*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


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.


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


<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
</tr>
</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>
</tr>
<tr>
<td>Internal Approval: 06/10/08: MPCTAC 06/24/08: Utilization Management Committee (UMC) 08/13/08: QIC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 the 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.

### Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<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 neurological examination, absence of signs of radiculopathy on any electrodiagnostic examinations. Updated the diagnostic clinical criteria to allow no more than 2 joint levels bilaterally or 3 joint levels unilaterally in a 7 to 14 day period to determine the origin of the patient’s pain. For SIJ injections, no more than 2 procedures may be allowed in a 7 to 14 day period to determine the origin of the patient’s pain. Updated references and coding sections. Effective date of changes is 10/01/09.</td>
<td>10/01/09 Version 2</td>
<td>06/23/09: MPCTAC 06/23/09: UMC 07/22/09: QIC</td>
</tr>
<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>
</tr>
<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>
</tr>
<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</td>
<td>Version 5</td>
<td>06/20/12: MPCTAC 07/18/12: MPCTAC 08/22/12: QIC</td>
</tr>
</tbody>
</table>

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.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Version</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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 <em>Facet Joint Nerve Injections and Sacroiliac Joint Injections for Chronic Neck Pain and Chronic Back Pain</em> (formerly 3.964). Revised title and re-numbered policy. Updated language in Summary, Description of Item or Service, Definitions, and Clinical Background Information sections. Changed name of policy category from “Clinical Coverage Guidelines” to “Medical Policy.” Revised applicable code list and updated references. Revised and added clinical criteria in the Medical Policy Statement section (formerly named the Clinical Guideline Statement section), and revised limitations.</td>
<td>06/01/13 Version 8</td>
<td>02/20/13: MPCTAC 03/21/13: QIC</td>
</tr>
<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>
</tr>
<tr>
<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 <em>Facet Joint Nerve Injections for Chronic Back Pain and Chronic Neck Pain</em> to <em>Facet Joint Nerve Injections</em>. 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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated Definitions and References sections.</td>
<td>01/01/16</td>
<td>11/18/15: MPCTAC</td>
</tr>
</tbody>
</table>

*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

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.

<table>
<thead>
<tr>
<th>Policy Revisions History</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>01/01/17</td>
<td>Review for effective date 05/01/17. Updated Summary, Definitions, Clinical Background Information, and References sections. Administrative changes made to the Limitations section. Revised criteria in the Medical Policy Statement section.</td>
<td>05/01/17 Version 14</td>
</tr>
</tbody>
</table>

Last Review Date

01/01/17

Next Review Date

02/01/18

Authorizing Entity

QIC

Other Applicable Policies

Medical Policy - *Experimental and Investigational Treatment*, policy number OCA 3.12
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Medical Policy - *Denervation of Facet Joints or Sacroiliac Joints*, policy number OCA 3.70
Medical Policy - *Sacroiliac Joint Injections*, policy number OCA: 3.9642

Reference to Applicable Laws and Regulations

Disclaimer Information: *

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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.