



Facet Joint Injections - Single Service

Clinical Guidelines for Medical Necessity Review

Version: 2.0
Effective Date: December 1, 2023

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Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)

Guideline Name: Facet Joint Injections (Single Service)

Literature review current through: 12/1/2023

Document last updated: 12/1/2023

Type: Adult (18+ yo) | Pediatric (0-17yo)

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Service: Facet Injections

General Guidelines

- **Units, Frequency, & Duration:** Conflicting evidence and recommendations from different work groups on utility of facet joint diagnostic injections.
- **Criteria for Subsequent Requests:** For second injections, the previous injection must result in greater than 50% relief of symptoms. If the patient has had greater than or equal to two injections, the previous injection must result in 50% improvement of symptoms for three months.¹⁻³
- **Recommended Clinical Approach:** There is insufficient evidence to make a recommendation for or against the diagnostic utility of zygapophyseal / facet joint injections.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

→ **Facet joint injections** may be appropriate if **ANY** of the following is **TRUE**:

- ◆ The injection is an initial diagnostic injection and **ALL** of the following are **TRUE**:^{1,3-4}
 - Failure of conservative management for greater than three months including **ALL** of the following:
 - Documented activity/lifestyle modification; **AND**
 - Oral steroids or anti-inflammatory medication; **AND**
 - Physical therapy; **AND**
 - The patient has undergone advanced imaging which reveals **ANY** of the following:
 - Facet arthritis at the level requested; **OR**
 - Lumbar spondylosis (arthritis); **AND**
 - Other sources of pain have been ruled out with clinical assessment and/or radiologic imaging; **AND**
 - Frequency limitation indicated by **ALL** of the following:
 - No more than one spinal region (cervical, thoracic, or lumbar) is being injected per session; **AND**
 - No more than one to two levels (either unilateral or bilateral) is being injected per spine region per session; **OR**

- ◆ The injection is a second diagnostic (confirmatory) injection and **ALL** of the following are **TRUE**:⁵
 - The first injection was successful at greater than or equal to 80% pain relief; **AND**
 - The injection is being performed at the same level as the initial diagnostic injection; **AND**
 - The injection is no sooner than three weeks after the initial diagnostic injection; **AND**
 - Frequency limitation indicated by **ALL** of the following:
 - No more than one spinal region (cervical, thoracic, or lumbar) is being injected per session; **AND**
 - No more than one to two levels (either unilateral or bilateral) is being injected per spine region per session; **OR**
- ◆ The injection is a therapeutic facet injection and **ANY** of the following are **TRUE**:⁵
 - The injection is an initial therapeutic facet injection and **ALL** of the following are **TRUE**:
 - The patient still meets the initial criteria for the diagnostic facet injections; **AND**
 - The patient has had two diagnostic facet joint injections at the same level; **AND**
 - The two diagnostic facet joint injections provided greater than or equal to 80% pain relief; **OR**
 - The injection is a subsequent therapeutic facet injection and **ALL** of the following are **TRUE**:
 - The patient still meets the initial criteria for the diagnostic facet injections; **AND**
 - Each prior therapeutic facet injection has provided greater than or equal to 50% pain relief for greater than or equal to three months; **AND**
 - Each prior therapeutic injection has provided greater than or equal to 50% improvement in activities of daily living (ADLs); **AND**
 - The patient has not had greater than three therapeutic injections at that level per year; **AND**
 - Documentation of why the patient is not a candidate for radiofrequency ablation (RFA); **OR**
 - The injection is being performed to treat pain related to a facet joint synovial cyst confirmed by MRI imaging with concordant pain at that level⁶; **OR**
 - Frequency limitation indicated by **ALL** of the following:
 - No more than one spinal region (cervical, thoracic, or lumbar) is being injected per session; **AND**

- No more than one to two levels (either unilateral or bilateral) is being injected per spine region per session.

Non-Indications

→ **Facet Joint Injections** are not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ Known non-facet source of pain; **OR**
- ◆ Systemic infection; **OR**
- ◆ Local infection at the procedure site; **OR**
- ◆ Coagulopathy or recent use of blood thinning agents³; **OR**
- ◆ Facet joint injection performed without CT fluoroscopic guidance; **OR**
- ◆ Diagnostic injection at the same level as a previously successful RFA; **OR**
- ◆ Multiple blocks performed on the same day as a facet injection; **OR**
- ◆ Injections of biologics or other substances that are non-FDA approved for facet joint injections.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64490	Injection of diagnostic agent into nerve of single cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of single cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of single thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of single thoracic paravertebral facet joint using imaging guidance; Injection of diagnostic agent into single cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into single cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into single thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into single thoracic paravertebral facet joint using imaging guidance;

	<p>Injection of therapeutic agent into nerve of single cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into nerve of single thoracic paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into single cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into single thoracic paravertebral facet joint using computed tomography (CT) guidance.</p>
64491	<p>Injection of diagnostic agent into nerve of second cervical paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into nerve of second cervical paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into nerve of second thoracic paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into nerve of second thoracic paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into second cervical paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into second cervical paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into second thoracic paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into second thoracic paravertebral facet joint using imaging guidance;</p> <p>Injection of therapeutic agent into nerve of second cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into nerve of second thoracic paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into second cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into second thoracic paravertebral facet joint using computed tomography (CT) guidance.</p>
64492	<p>Injection of diagnostic agent into nerve of third and any additional cervical paravertebral facet joint using fluoroscopic guidance;</p>

	<p>Injection of diagnostic agent into nerve of third and any additional cervical paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using imaging guidance;</p> <p>Injection of therapeutic agent into nerve of third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into nerve of third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance;</p> <p>Injection of therapeutic agent into third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance.</p>
64493	<p>Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into nerve of single lumbar paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into nerve of single sacral paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into nerve of single sacral paravertebral facet joint using imaging guidance;</p> <p>Injection of diagnostic agent into single lumbar paravertebral facet joint using fluoroscopic guidance;</p> <p>Injection of diagnostic agent into single lumbar</p>

	<p>paravertebral facet joint using imaging guidance; Injection of diagnostic agent into single sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into single sacral paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of single lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of single sacral paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single sacral paravertebral facet joint using computed tomography (CT) guidance.</p>
64494	<p>Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of second sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second sacral paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second sacral paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of second lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of second sacral paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into second lumbar paravertebral facet joint using computed tomography (CT) guidance.</p>
64495	<p>Injection of diagnostic agent into nerve of third and any</p>

	<p>additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional sacral paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional lumbar paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional lumbar paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional sacral paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional lumbar paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional sacral paravertebral facet joint using computed tomography (CT) guidance.</p>
64633	<p>Destruction of single cervical paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of single cervical paravertebral facet joint nerve using neurolytic agent and using imaging guidance; Destruction of single thoracic paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance; Destruction of single thoracic paravertebral facet joint</p>

	<p>nerve using neurolytic agent and using imaging guidance;</p> <p>Destruction of single cervical paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance;</p> <p>Destruction of single thoracic paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance.</p>
64634	<p>Destruction of each additional cervical paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance;</p> <p>Destruction of each additional cervical paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance;</p> <p>Destruction of each additional cervical paravertebral facet joint nerve using neurolytic agent and using imaging guidance;</p> <p>Destruction of each additional thoracic paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance;</p> <p>Destruction of each additional thoracic paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance;</p> <p>Destruction of each additional thoracic paravertebral facet joint nerve using neurolytic agent and using imaging guidance.</p>
64635	<p>Destruction of single lumbar paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance;</p> <p>Destruction of single lumbar paravertebral facet joint nerve using neurolytic agent and using imaging guidance;</p> <p>Destruction of single sacral paravertebral facet joint nerve using neurolytic agent and using fluoroscopic guidance;</p> <p>Destruction of single sacral paravertebral facet joint nerve using neurolytic agent and using imaging guidance;</p> <p>Destruction of single lumbar paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance;</p> <p>Destruction of single sacral paravertebral facet joint nerve using neurolytic agent and using computed tomography (CT) guidance.</p>

64999	Unlisted procedure on nervous system
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

Medical Evidence

Ashmore et al. (2022) performed a systematic review and meta-analysis on the use of fluoroscopy to confirm needle placement when performing lumbar medical branch blocks (MBB) and facet joint injections (FJI). The authors note a high risk of incorrect needle placement using ultrasound guided MMB and FJI when fluoroscopy or CT is used to confirm.⁷

Bodor et al. (2022) studied a total of 36 patients (60 cervical facet joints) with facet mediated pain. Ultrasound was used to guide the injections: C2-3 (22%), C3-4 (40%), C4-5 (33%) and C5-6 (5%). Overall the accuracy rate was high (92% to 98%) and patient outcomes were good.⁸

Kershen et al. (2018) performed a comparative study on the short- and long-term efficacy of intraarticular injections for lumbar pain. A total of 77 patients were examined; this includes 100 procedures with 205 total facet joints injected. Pain improvement scores were high immediately following injection and at one-week follow-up.⁹

Manchikanti et al. (2015) performed a systematic review to analyze the clinical efficacy of therapeutic facet joint interventions for individuals with chronic spinal pain. A literature review from 1966 through March 2015 yielded 21 randomized control trials (RCTs) that met inclusion criteria; a total of five observational studies were evaluated. Long-term efficacy is supported by Level II evidence of radiofrequency ablation (RFA) neurotomy and facet joint nerve blocks for the lumbar, cervical, and lumbar spine. Intraarticular injections had a Level III (lumbar) and Level IV (cervical and thoracic). The primary outcome measure was short term (six months or less) and long term (six months or more) pain relief. Secondary outcome measures included functional status improvement, psychological status, ability to return to work, and reducing opioid usage.¹⁰

National and Professional Organizations

The American Society of Interventional Pain Physicians (ASIPP) published a guideline on *Facet Joint Interventions in the Management of Chronic Spinal Pain*. The level of evidence is weak for the use of lumbar, cervical, and thoracic intraarticular facet joint injections.²

The American Society of Regional Anesthesia and Pain Medicine (ASRM) published a guideline on interventions for lumbar facet joint pain. Prior to RFA, MBB is recommended. Intraarticular injections are recommended for

diagnostic and therapeutic purposes in certain patients. Therapeutic MBB and intraarticular injections are not recommended in most clinical scenarios (e.g., prolonged relief from prognostic blocks, contraindications to RFA).¹

Guidelines are also available on interventions for cervical spine (facet) joint pain. The ASRM does not recommend the use of therapeutic intraarticular injections. A high technical failure rate is noted for intraarticular injections. In addition, MBB may be more clinically useful for RFA outcomes versus intraarticular injections.³

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Clinical Guideline Revision History/Information

Original Date: April 21, 2021	
Review History	
Version 2	12/1/2023