Cohere Medicare Advantage Policy - Facet Injections

Clinical Guidelines for Medical Necessity Review

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Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Disorders of the Musculoskeletal System
Guideline Name: Cohere Medicare Advantage Policy - Facet Injections
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Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

Table of Contents

Medical Necessity Criteria

Service: Facet Injections

Benefit Category

Not applicable.

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.[1-8]

- Local Coverage Determination. Facet Joint Interventions for Pain Management (L38773).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L33930).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L35936).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L38801).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L38803).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L34892).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L38765).
- Local Coverage Determination. Facet Joint Interventions for Pain Management (L38841).
- Billing and Coding: Facet Joint Interventions for Pain Management (A58364).
- Billing and Coding: Facet Joint Interventions for Pain Management (A57787).
- Billing and Coding: Facet Joint Interventions for Pain Management (A57826).
- Billing and Coding: Facet Joint Interventions for Pain Management (A58403).
- Billing and Coding: Facet Joint Interventions for Pain Management (A58405).
- Billing and Coding: Facet Joint Interventions for Pain Management (A56670).
- Billing and Coding: Facet Joint Interventions for Pain Management (A58350).
- Billing and Coding: Facet Joint Interventions for Pain Management (A58477).

Recommended Clinical Approach

Facet injections are performed for diagnostic and therapeutic purposes to address chronic pain in the lumbar, thoracic, and cervical spinal regions.[9–13] The facet joints are the bridges between vertebrae, containing medial branch nerves that transmit pain signals from these joints.[1–8] Facet injections (facet joint intraarticular injections, facet blocks, or medial branch blocks [MBBs]), are local anesthetic injections, with or without steroid medication, into the facet joints or near the medial branch nerves.[1–8] They must be performed under computed tomography (CT) or fluoroscopy guidance to ensure accurate needle placement and precise medication delivery.[14] If there is a successful response to diagnostic injections, radiofrequency ablation can be considered for longer relief.[1–8]

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of facet injections. This process helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Adverse effects from delayed or denied treatment, such as increased pain or decreased mobility, can reduce the ability to perform activities of daily living.
- While serious complications are rare, side effects can include injection-site pain, swelling, numbness, bleeding, bruising, worsening neck/back pain, epidural hematoma, and infection.[10,15]
- Facet injection delay may result in increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.[16]

The clinical benefits of using these criteria include:

- Improved patient outcomes through timely and appropriate access to facet injections. Careful patient selection confers the best outcomes and can prevent adverse events.[15,16]
- Appropriate management of facet joint disorders such as facet joint syndrome, facet joint cyst, arthritis, spondylitis, spondylolisthesis, or trauma.
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

Medical Necessity Criteria

Indications

➔ A **facet injection** is appropriate if **ANY** of the following is **TRUE**:

◆ The injection is an initial diagnostic injection, and **ALL** of the following are **TRUE**[1–10,17]:

- Pain present for a minimum of 3 months with documented failure to respond to noninvasive conservative management (e.g., rest, analgesics, physical therapy) unless medically contraindicated; **AND**
- The pain is predominantly axial neck or back pain; **AND**
- Moderate to severe pain as measured on a pain or disability scale (e.g., Numerical Rating Scale [NRS] or Visual Analog Scale [VAS]); **AND**
- The patient does not have untreated radiculopathy (except caused by facet joint synovial cyst) as the primary pain generator; **AND**

- Physical exam findings are suggestive of facet-mediated pain (e.g., pain exacerbated by extension, rotation, facet loading, etc.); **AND**
- A radiology study has ruled out non-facet pathology (e.g., fracture, tumor, infection, or significant deformity) that can explain the source of the patient's pain; **AND**
- Frequency limitation indicated by **ALL** of the following:
    - No more than 1 spinal region (cervical, thoracic, or lumbosacral) is injected per session; **AND**
    - No more than 2 facet joint levels (either unilateral or bilateral) are injected per spine region per session; **AND**
    - No more than 4 diagnostic facet injections per cervical, thoracic, or lumbar spinal region in 12 consecutive months (unilateral injections performed at the same level on the right vs left within 1 month of each other are considered one procedure toward the total number of facet procedures allowed per 12 months); **OR**

◆ The injection is a subsequent confirmatory diagnostic injection, and **ALL** of the following are **TRUE**[1-8,12]:

- The first injection provided greater than or equal to 80% pain relief; **AND**
- The injection is being performed at the same level as the initial diagnostic injection; **AND**
- A minimum of 2 weeks have passed since the initial diagnostic injection (unless clinical circumstances necessitating an exception are documented); **AND**
- Frequency limitation indicated by **ALL** of the following:
    - No more than 1 spinal region (cervical, thoracic, or lumbosacral) is injected per session; **AND**
    - No more than 2 facet joint levels (either unilateral or bilateral) are injected per spine region per session; **AND**
    - No more than 4 diagnostic facet injections per cervical, thoracic, or lumbar spinal region in 12 consecutive months (unilateral injections performed at the same level on the right vs left within 1 month of each other are considered one procedure toward the

total number of facet procedures allowed per 12 months); **OR**

- The injection is a therapeutic facet injection, and **ALL** of the following are **TRUE**[1–8,12]:
  - Medical necessity justification documented regarding why radiofrequency ablation (RFA) cannot be performed (e.g., spinal pseudoarthrosis, implanted electrical device); **AND**
  - Regarding prior facet injections, **ANY** of the following**:**
    - Two diagnostic facet injections each provided greater than or equal to 80% pain relief; **OR**
    - Prior therapeutic facet injection at the same anatomic site has provided **ANY** of the following:
      - Greater than or equal to 50% pain relief for at least 3 months; **OR**
      - Greater than or equal to 50% improvement in the ability to perform previously painful movements and activities of daily living; **AND**
  - No more than 4 therapeutic injections at that level per 12 consecutive months (unilateral injections performed at the same level on the right vs left within 1 month of each other are considered one procedure toward the total number of facet procedures allowed per 12 months); **OR**
- The injection is an intra-articular facet joint injection with synovial cyst aspiration/rupture, and **ALL** of the following are **TRUE**[1–8,18]:
  - Advanced diagnostic imaging (e.g., MRI/CT/myelogram) confirms compression or displacement of the corresponding nerve root by a facet joint synovial cyst; **AND**
  - Documentation shows clinical and physical symptoms related to synovial facet cyst; **AND**
  - Cyst aspiration or rupture may be repeated once per individual cyst only if there is 50% or more consistent improvement in pain for at least 3 months; **OR**
- The injection is a diagnostic injection (pars injection) to confirm a stress fracture in the pars interarticularis or pars defect as the primary pain generator for low back pain, and **ALL** of the following are **TRUE**[19,20]:
  - Imaging studies confirm the presence of pars defect or pars interarticularis fracture; **AND**

- The pain is causing functional disability as measured on a pain or disability scale (e.g., NRS or VAS); **AND**
- No more than two diagnostic injections.

Non-Indications

➔ A **facet injection** is not considered appropriate if **ANY** of the following is **TRUE**[1–8]:

- ◆ Facet joint injection performed without computed tomography (CT) or fluoroscopic guidance; **OR**
- ◆ Facet joint injection performed with ultrasound guidance; **OR**
- ◆ Diagnostic or therapeutic facet injection at the same level as a previously successful radiofrequency ablation (RFA); **OR**
- ◆ When other types of spine injections (e.g., ESI, sacroiliac joint injections, facet injections to other spinal regions, etc.) are performed on the same date of service unless medical necessity to perform multiple injections is documented in a chart (e.g., risk of holding anticoagulant multiple times, presence of facet cyst causing radicular symptoms for which ESI and facet injection can be allowed at the same time, etc.); **OR**
- ◆ Facet injections performed with biologics (e.g., platelet-rich plasma, stem cells, amniotic fluid, etc.); **OR**
- ◆ Facet joint prolotherapy injections**; OR**
- ◆ Facet injections at the atlanto-occipital joint (C0-C1) or atlanto-axial joint (C1-C2).

Level of Care Criteria

Inpatient and outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
64495	Injection(s), diagnostic or therapeutic agent,

	paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
64999	Unlisted procedure, 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)

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

Medical Evidence

Manchikanti et al (2024) performed a systematic review and meta-analysis on the effectiveness of facet joint nerve blocks for chronic spinal pain. A total of 9 randomized controlled trials and 12 non-randomized studies were included in the analysis. Outcomes were deemed clinically significant if patients had a 50% reduction in pain and function. Based on the analysis of evidence, about half of the studies were found to have moderate evidence to support the use of facet joint nerve blocks for chronic spinal pain, and only three studies showed high evidence and clinical applicability.[16]

Ashmore et al (2022) performed a systematic review and meta-analysis on the use of fluoroscopy to confirm needle placement when performing lumbar medial branch blocks (MBB) and facet injections. This analysis found a high risk of incorrect needle placement using ultrasound-guided MMB and facet injections when fluoroscopy or computed tomography (CT) is used to confirm. Technical limitations of ultrasound guidance, such as poor penetration, and individual patient characteristics, such as high body mass index, may be associated with incorrect needle placement. Although there has been an effort to increase ultrasound guidance, CT or fluoroscopy imaging guidance remains the standard for MBB and facet injections.[21]

Kershen et al (2018) performed a retrospective comparative study on the effectiveness of intra-articular injections, periarticular steroid injections, and anesthetic injections on pain scores across preinjection, immediate, and 1-week postinjection time points. A total of 77 patients were examined, including 100 procedures with 205 total facet joints injected. Pain improvement scores were high immediately following injection and at the 1-week follow-up. Statistically significant changes in pain from preinjection to immediate pain were found in the intra-articular and periarticular groups but not the anesthetic group. There was no significant difference in immediate or 1-week pain relief between the 3 groups.[14]

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 5

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 an evidence Level III for lumbar injection and an evidence Level IV for cervical and thoracic injections. The primary outcome measure was short-term (6 months or less) and long-term (6 months or more) pain relief. Secondary outcome measures included functional status improvement, psychological status, ability to return to work, and reduced opioid usage.[22]

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Clinical Guideline Revision History/Information

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