Neck Pain

Clinical Guidelines for Medical Necessity Review

Version: V3.0
Effective Date: January 13, 2023

Important Notices

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Other Notices:

Guideline Information:

Disease Specialty Area: Diseases of the musculoskeletal system and connective tissue (M00-M99)
CarePath Group: Spine
CarePath Name: Neck Pain
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Literature review current through: January 13, 2023
Document last updated: January 13, 2023

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Care Path Overview

Care Path Clinical Discussion

Axial neck pain—also called uncomplicated neck pain, whiplash, neck strain, or cervical strain—refers to pain along the posterior (back of the) neck. By definition, axial neck pain is pain that 1) remains localized to the neck and immediate surrounding structures, and 2) does not involve pain or dysfunction of the arms, hands, fingers, or other body regions. It is crucial to distinguish axial neck pain from two other common neck conditions, cervical radiculopathy, and myelopathy.

Cervical radiculopathy refers to irritation or compression ("pinching") of nerves as they leave the spinal cord. When a peripheral nerve is irritated, it can result in muscle pain, weakness, numbness, tingling ("pins-and-needles" sensation), burning, or other unpleasant altered sensation in the arm, hand, or fingers.

In contrast to the peripheral nerve compression seen in radiculopathy, ***cervical myelopathy*** refers to spinal cord compression. This compression results in a broader range of symptoms. In addition to the symptoms of radiculopathy, patients with myelopathy can exhibit balance and coordination problems, loss of fine motor skills (such as difficulty with opening jars, dropping objects from their hands, and handwriting changes), and bowel or bladder incontinence.

Though axial neck pain affects nearly 10-20% of the population at some point in their lives, there are no recommendations regarding imaging for the evaluation and treatment of neck pain. Advanced imaging (commonly MRI) should be reserved for patients whose presentation is complicated, prolonged, or raises suspicion for severe pathology.[1] Electrodiagnostic testing may help determine the nonstructural etiology of nerve pathology or other comorbid conditions if imaging and clinical assessments are misaligned. Appropriate non-surgical interventions for axial neck pain include physical therapy and other non-surgical interventional procedures as alternatives to

open surgical intervention. The North American Spine Society Appropriate Use Criteria says that cervical fusion for axial neck pain is never appropriate.

The information contained herein gives a general overview of the pathway of this specific diagnosis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, joint health history, etc.) should be considered. Case-by-case treatment decisions are encouraged.

Key Information

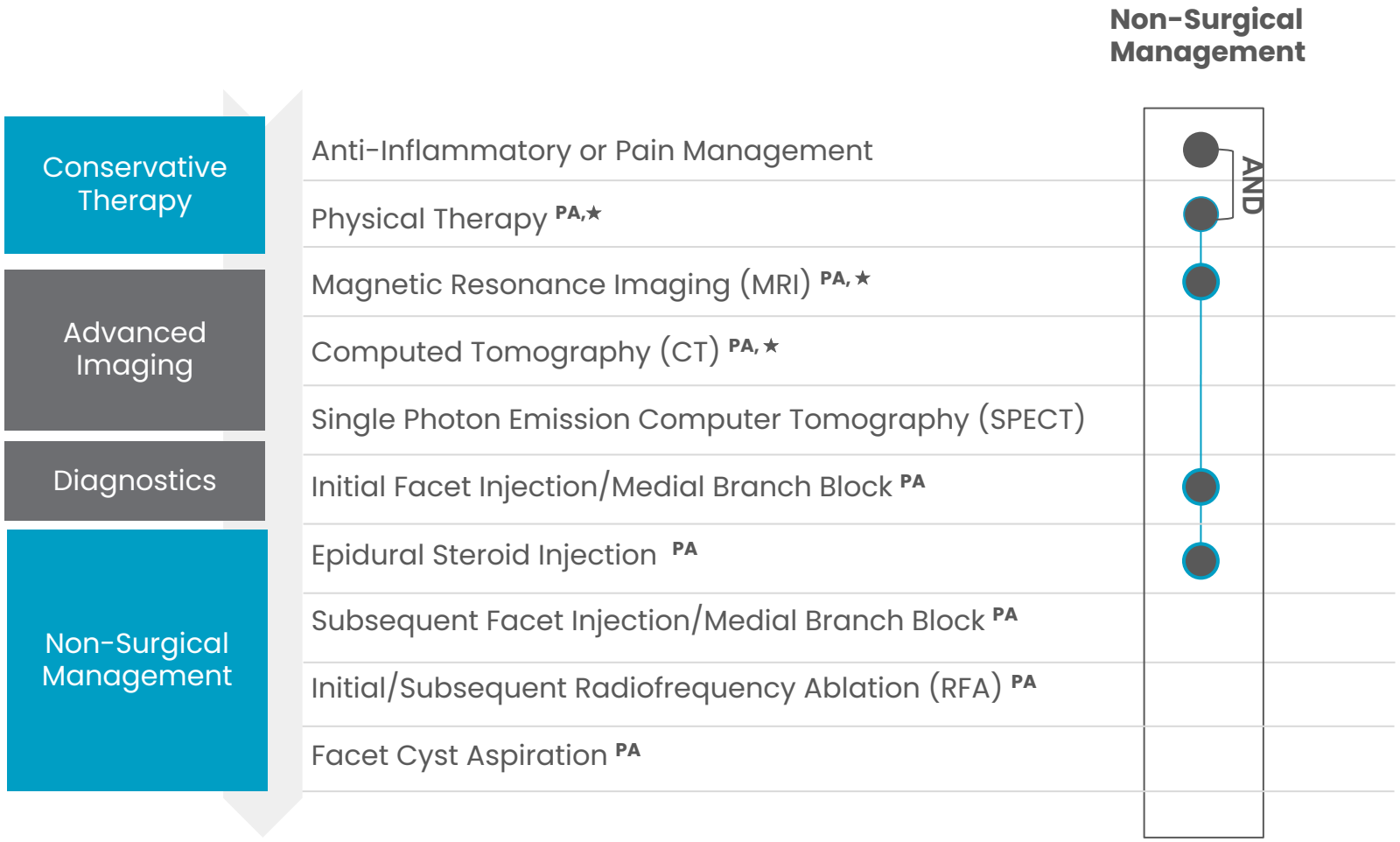
- ➢ Patients who have persistent symptoms or neurologic deficits may be candidates for surgical intervention. Axial neck pain alone is rarely an indication for surgical intervention.

Definitions

- **Neck Pain:** Pain in the posterior neck is the primary symptom of axial neck pain. The pain can sometimes travel to the base of the skull, shoulder, or shoulder blade. Other symptoms include neck stiffness, headaches, and localized areas of muscle pain, warmth, or tingling.

Neck Pain

What is a "Cohere Care Path"?
These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort..



Key

PA = Service may require prior authorization
★ = Denotes preferred service
AND = Services completed concurrently
OR = Services generally mutually exclusive

= Non-surgical management prior authorization group of services
= Surgical management prior authorization group of services
= Subsequent service
= Management path moves to a different management path

Care Path Diagnostic Criteria

Disease Classification

Neck Pain

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
G95.9	Disease of spinal cord, unspecified
M45.9	Ankylosing spondylitis of unspecified sites in spine
M46.00	Spinal enthesopathy, site unspecified
M46.01	Spinal enthesopathy, occipito-atlanto-axial region
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.09	Spinal enthesopathy, multiple sites in spine
M46.20	Osteomyelitis of vertebra, site unspecified
M46.21	Osteomyelitis of vertebra, occipito-atlanto-axial region
M46.22	Osteomyelitis of vertebra, cervical region
M46.23	Osteomyelitis of vertebra, cervicothoracic region
M46.30	Infection of intervertebral disc (pyogenic), site unspecified
M46.31	Infection of intervertebral disc (pyogenic), occipito-atlanto-axial region
M46.32	Infection of intervertebral disc (pyogenic), cervical region
M46.33	Infection of intervertebral disc (pyogenic), cervicothoracic region
M46.39	Infection of intervertebral disc (pyogenic), multiple sites in spine
M46.40	Discitis, unspecified, site unspecified
M46.41	Discitis, unspecified, occipito-atlanto-axial region

M46.42	Discitis, unspecified, cervical region
M46.43	Discitis, unspecified, cervicothoracic region
M46.49	Discitis, unspecified, multiple sites in spine
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region
M48.12	Ankylosing hyperostosis [Forestier], cervical region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.21	Kissing spine, occipito-atlanto-axial region
M48.22	Kissing spine, cervical region
M48.23	Kissing spine, cervicothoracic region
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M50.120	Mid-cervical disc disorder, unspecified
M50.20	Other cervical disc displacement, unspecified cervical region
M50.21	Other cervical disc displacement, high cervical region
M50.220	Other cervical disc displacement, mid-cervical region, unspecified level
M50.221	Other cervical disc displacement at C4-C5 level
M50.222	Other cervical disc displacement at C5-C6 level
M50.223	Other cervical disc displacement at C6-C7 level
M50.23	Other cervical disc displacement, cervicothoracic region
M50.30	Other cervical disc degeneration, unspecified cervical region

M50.31	Other cervical disc degeneration, high cervical region
M50.320	Other cervical disc degeneration, mid-cervical region, unspecified level
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level
M50.33	Other cervical disc degeneration, cervicothoracic region
M50.80	Other cervical disc disorders, unspecified cervical region
M50.81	Other cervical disc disorders, high cervical region
M50.820	Other cervical disc disorders, mid-cervical region, unspecified level
M50.821	Other cervical disc disorders at C4-C5 level
M50.822	Other cervical disc disorders at C5-C6 level
M50.823	Other cervical disc disorders at C6-C7 level
M50.83	Other cervical disc disorders, cervicothoracic region
M50.90	Cervical disc disorder, unspecified, unspecified cervical region
M50.91	Cervical disc disorder, unspecified, high cervical region
M50.920	Unspecified cervical disc disorder, mid-cervical region, unspecified level
M50.921	Unspecified cervical disc disorder at C4-C5 level
M50.922	Unspecified cervical disc disorder at C5-C6 level
M50.923	Unspecified cervical disc disorder at C6-C7 level
M50.93	Cervical disc disorder, unspecified, cervicothoracic region
M53.2X1	Spinal instabilities, occipito-atlanto-axial region
M53.2X2	Spinal instabilities, cervical region
M53.2X3	Spinal instabilities, cervicothoracic region
M54.2	Cervicalgia

M99.10	Subluxation complex (vertebral) of head region
M99.11	Subluxation complex (vertebral) of cervical region
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.60	Osseous and subluxation stenosis of intervertebral foramina of head region
M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region

Presentation and Etiology

Causes and Risk Factors[2]

- Axial neck pain is widespread, affecting approximately 10% of the population at any given time. Fortunately, most people do not have symptoms severe enough to limit their daily activity.
- Poor posture, ergonomics, and neck muscle weakness can increase the risk of developing axial neck pain. Risk factors for developing chronic pain include older age, pain that began as a result of trauma, having low back pain in addition to neck pain, headache, depression, severe neck pain, and pain interfering with sleep.

Clinical Presentation

- Pain in the posterior neck is the primary symptom of axial neck pain.
- The pain can sometimes travel to the base of the skull, shoulder, or shoulder blade.
- Other symptoms include:
    - Neck stiffness
    - Headaches
    - Localized areas of muscle pain, warmth, or tingling[3]

Typical Physical Exam Findings

- The examination is typically nonspecific and without indications for pathophysiological abnormalities (e.g., negative provocative testing like the Spurling sign and normal neurological exam).
- There is insufficient evidence to support recommendations for or against using specific findings to determine which anatomic structure is causing pain.

Typical Diagnostic Findings

- There is insufficient evidence to support any recommendation for or against assessment tools or questionnaires that can help identify the cause of the neck pain.

CarePath Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** Referrals commonly suggest 1-3 times per week for 4-6 weeks for most programs. Back school and similar intensive rehabilitation programs recommend 20 hours per week.
- **Criteria for Subsequent Requests:** The medical necessity of subsequent physical therapy should be evaluated based on the individual's response to previous sessions (e.g., clinically relevant sustained reductions in pain, improvement in the individual's functional abilities).
- **Recommended Clinical Approach[4]:** The following are suitable treatment options in addition to physical therapy:
    - Mindfulness-based stress reduction (MBSR) programs
    - McKenzie exercise
    - Yoga
    - Spinal manipulative therapy (SMT)
    - Work hardening/conditioning.

  The following are recommended to improve pain and functional outcomes for patients with subacute or chronic Neck Pain:
    - A combination of physical therapy (PT) and cognitive behavioral therapy (CBT)
    - General exercise or stabilization in PT
    - Back school (multidisciplinary rehabilitation with body mechanics education, exercise programs, and behavioral therapy)
    - Acupuncture
    - Aerobic exercise
- **Exclusions:** None.

Medical Necessity Criteria

Indications

- ➔ **Physical therapy** is considered appropriate if **ANY** of the following are **TRUE**[4]:
  - ◆ Less than 6 weeks of acute neck pain
  - ◆ Chronic neck or back pain for greater than 6 weeks

Non-Indications

- ➔ **Physical therapy** may not be considered appropriate if **ANY** of the following is **TRUE**:
  - ◆ Progressive neurological deficits
  - ◆ Severe gait instability related to myelopathy/balance or generalized upper or lower extremity weakness
  - ◆ Hyperreflexia
  - ◆ Hoffman's sign
  - ◆ Positive Babinski or clonus
  - ◆ Bowel or bladder incontinence
  - ◆ Saddle anesthesia

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool

97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care,

	high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes

97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper

	extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes Subsequent orthotic training of lower extremity, each 15 minutes Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities, each 15 minutes Subsequent orthotic training of upper extremity and trunk, each 15 minutes Subsequent orthotic training of upper extremity, each 15 minutes Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes

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97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy

97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[1]:** MRI with and without contrast recommended for new or increasing symptoms if known or suspected malignancy or infection.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **MRI** is considered appropriate if **ANY** of the following are **TRUE**[1]:

- ◆ The patient has **ALL** of the following:
  - The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
  - The patient has failed to show significant improvement in pain or disability level due to symptoms, despite more than 6 weeks of conservative care (conservative care includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
- ◆ Progressive neurological deficits
- ◆ Unsteady gait related to myelopathy/balance or generalized upper or lower extremity weakness
- ◆ Hyperreflexia
- ◆ Hoffman's sign
- ◆ Positive Babinski or clonus
- ◆ Bowel or bladder incontinence
- ◆ Saddle anesthesia

Non-Indications

➔ **MRI** may not be appropriate if **ANY** of the following is **TRUE**[1,5-6]:

- Non-compatible implanted devices
- Metallic intraocular foreign bodies
- Claustrophobia

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72141	MRI of cervical spinal canal and contents, MRI of cervical spinal canal and contents without contrast; MRI of cervical spinal canal and contents without contrast, followed by contrast and further sections
72142	MRI of cervical spinal canal and contents with contrast
72156	MRI of cervical spinal canal and contents without contrast, followed by contrast and further sections

Service: Computed Tomography (CT) or Computed Tomography Myelogram (CTM)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[1]:** In the absence of red flag signs or symptoms, advanced imaging may not be required at the initial presentation. Computed tomography (CT) or computed tomography myelogram (CTM) may be utilized if magnetic resonance imaging (MRI) is contraindicated or indeterminate. CT may be ordered with an MRI to provide additional visibility to bony anatomy or to assess previous surgery.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **CT/CTM** is considered appropriate if **ANY** of the following is **TRUE**[1]:

- ◆ The patient is being considered for a CTM and **ALL** of the following are true:
  - The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
  - The patient has failed to show significant improvement in pain or disability level due to symptoms, despite more than 6 weeks of conservative care (conservative care includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
  - MRI is contraindicated or indeterminate for reasons such as an artifact from a previous surgery (e.g., anomalies in visual representation that impact imaging quality).

- The patient is being considered for a CTM and presents with **ANY** of the following red flags:
    - Progressive neurological deficits
    - Unsteady gait related to myelopathy/balance or generalized upper or lower extremity weakness
    - Hyperreflexia
    - Hoffman's sign
    - Positive Babinski or clonus
    - Bowel or bladder incontinence
    - Saddle anesthesia
- The patient is being considered for a CT and **ANY** of the following is true:
    - The patient meets the criteria for MRI or CTM but cannot receive either service due to contraindications.
    - MRI or CTM studies are indeterminate.
    - There is a need to obtain additional information that is not provided by an MRI (e.g., details of the bony anatomy or previous surgery).

Non-Indications

➔ **CT/CTM** may not be considered appropriate if **ANY** of the following is **TRUE**:

- If the patient is being considered for a CTM and **ANY** of the following is **TRUE**[7]:
    - Bleeding disorders.
    - Allergy to iodinated contrast agents.
    - The patient is pregnant.
- If the patient is being considered for a CT and **ANY** of the following is **TRUE**:
    - The patient is pregnant.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
72125	Computed tomography (CT) of cervical spine without contrast material
72126	Computed tomography (CT) of cervical spine with contrast material
72127	Computed tomography (CT) of cervical spine without contrast material, followed by contrast material and further sections

Service: Single Photon Emission Computed Tomography/Computed Tomography (SPECT/CT)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach[9]:** SPECT may be appropriate to detect infection or occult fractures of the vertebrae if suspected. There is insufficient evidence to recommend for or against the use of SPECT imaging in the diagnosis of zygapophyseal joint pain.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **SPECT** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ Zygapophyseal joint pain is suspected.

Non-Indications

None.

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
78803	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with vascular flow and blood pool imaging,

	single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, with vascular flow and blood pool imaging, single day
78830	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with concurrently acquired computed tomography (CT) transmission, single day;

	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in limited area, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day
78831	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with

	vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in single area, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of

	radiopharmaceutical agents in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, with vascular flow and blood pool imaging, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas, single day; Single photon emission computed tomography (SPECT)

	radiopharmaceutical localization of tumor in minimum of 2 areas, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees, with vascular flow and blood pool imaging, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, with vascular flow and blood pool imaging, multiple days
78832	Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees with

	concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in pelvis and knees, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agent in single area, with concurrently acquired computed tomography (CT) transmission, multiple days; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in pelvis and knees, with vascular flow and blood pool imaging, with concurrently

	acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) imaging of distribution of radiopharmaceutical agents in single area, with concurrently acquired computed tomography (CT) transmission, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in pelvis and knees, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of inflammation in single area, with concurrently acquired computed tomography (CT)

	transmission, multiple days; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in abdomen and pelvis, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees in minimum of 2 areas, with vascular flow and blood pool imaging, with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in pelvis and knees with concurrently acquired computed tomography (CT) transmission, single day; Single photon emission computed tomography (SPECT) radiopharmaceutical localization of tumor in single area, with concurrently acquired computed tomography (CT) transmission, multiple days

Diagnostics

Service: Initial Facet Injection/Medial Branch Block

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** For second injections, the previous injection must result in greater than 80% relief of symptoms. If the patient has had greater than or equal to 2 injections, the previous injection must result in 50% improvement of symptoms for 3 months.
- **Recommended Clinical Approach:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance. Medial branch blocks with a double-injection technique and pain improvement threshold of 80% may be used to establish the diagnosis of cervical facet-mediated pain and predict a favorable response to medial nerve ablation by thermocoagulation. There is no evidence to support the use of diagnostic facet blocks or as a predictor of cervical fusion outcome in patients with chronic neck pain. There is insufficient evidence to make a recommendation for or against the diagnostic utility of zygapophyseal/facet joint injections. Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Initial Facet Injection/Medial Branch Block** may be considered appropriate if **ALL** of the following are **TRUE**[10]:

- ◆ The patient fails to show significant improvement in pain or disability level due to symptoms despite receiving more than 12 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).

- The patient had advanced imaging that revealed either facet arthritis or cervical/thoracic spondylosis (arthritis) at the level requested.

Non-Indications

➔ **Initial Facet Injection/Medial Branch Block** may not be appropriate if **ANY** of the following is **TRUE**[10]:

- Systemic infection
- Local infection at the procedure site
- Coagulopathy or recent use of blood-thinning agents
- Previous fusion at the symptomatic level

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; Injection of therapeutic agent into nerve of single cervical

	paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of single thoracic paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into single thoracic paravertebral facet joint using computed tomography (CT) guidance
64491	Injection of diagnostic agent into nerve of second cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of second thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of second thoracic paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into second thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into second thoracic paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of second cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of second thoracic paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into second cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into second thoracic paravertebral facet joint using computed tomography (CT) guidance

64492	Injection of diagnostic agent into nerve of third and any additional cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance
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)

Non-Surgical Management

Service: Epidural Steroid Injections

General Guidelines

- **Units, Frequency, & Duration:** When the medical necessity criteria are met, a total of 3 epidural steroid injections per episode of pain per region may be performed in 6 months.
- **Criteria for Subsequent Requests:** A second injection may be considered if the patient has had one epidural steroid injection within the last six months. If the patient has had two or more epidural steroid injections in the past six months and the previous injection resulted in a 50% improvement of symptoms for three months, another injection may be considered.[11]
- **Recommended Clinical Approach:** Perform epidural steroid injections with radiographic image guidance. One interlaminar injection is recommended at a time. Up to two transforaminal injections may be appropriate at a time bilaterally (at the same nerve level) or unilaterally at adjacent levels.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Epidural steroid injections (ESI)** are considered appropriate if **ALL** of the following are **TRUE**[12]**:**

- ◆ The patient has **ANY** positive findings from the clinical presentation and typical physical exam findings lists.
- ◆ Advanced imaging corresponds to clinical presentation and shows nerve impingement.
- ◆ The patient has failed to show significant improvement in pain or disability level due to symptoms, despite conservative care for greater than 6 weeks, or the patient cannot complete conservative care due to the severity of symptoms. Conservative

care is a combination of either physical therapy or provider-directed home exercise program **AND** medications, anti-inflammatories, or oral steroids.[13]

- The patient is outside the acute period (greater than 4 weeks).
- The patient has had fewer than 3 epidural steroid injections per region within the past 6 months with at least 3 weeks in between injections, at which time the patient had 50% improvement of symptoms.[11]

Non-Indications

➔ **Epidural steroid injections** are non indicated if **ANY** of the following is **TRUE**[11]:

- Hypersensitivity (or allergy) to steroids.
- Local or systemic infection.
- Coagulopathy or recent use of blood-thinning agents.
- Uncontrolled diabetes.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
62320	Insertion of needle and injection of substance into cervical interlaminar subarachnoid space
62321	Insertion of catheter and injection of substance into cervical interlaminar epidural space using imaging guidance
64479	Transforaminal injection of anesthetic agent and steroid into single epidural space of cervical spine using computed tomography (CT) guidance
64480	Transforaminal injection of anesthetic agent and steroid into each additional epidural space of cervical spine using

	computed tomography (CT) guidance
64999	Nervous system procedure
76000	Imaging guidance for procedure, up to 1 hour

Service: Subsequent Facet Injection/Medial Branch Block

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** For second injections, the previous injection must result in greater than 80% relief of symptoms. If the patient has had greater than or equal to 2 injections, the previous injection must result in 50% improvement of symptoms for 3 months.
- **Recommended Clinical Approach[12,14]:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance. Medial branch blocks with a double-injection technique and pain improvement threshold of 80% may be used to establish the diagnosis of lumbar facet-mediated pain and predict a favorable response to medial nerve ablation by thermocoagulation. There is no evidence to support the use of diagnostic facet blocks as a predictor of lumbar fusion outcome in patients with chronic low back pain. Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Subsequent Facet Injection/Medial Branch Block** may be considered appropriate if **ALL** of the following are **TRUE**[14]:

- ◆ The patient fails to show significant improvement in pain or disability level due to symptoms despite receiving more than 12 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).
- ◆ The patient had advanced imaging that revealed either facet arthritis or cervical/thoracic spondylosis (arthritis) at the level requested.

Non-Indications

- ➔ **Subsequent Facet Injection/Medial Branch Block** may not be appropriate if **ANY** of the following is **TRUE**[14]:
  - ◆ Systemic infection
  - ◆ Local infection at the procedure site
  - ◆ Coagulopathy or recent use of blood-thinning agents
  - ◆ Previous fusion at the symptomatic level

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; Injection of therapeutic agent into nerve of single cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of single thoracic paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent

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

	nerve of third and any additional cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into nerve of third and any additional thoracic paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional cervical paravertebral facet joint using imaging guidance; Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using fluoroscopic guidance; Injection of diagnostic agent into third and any additional thoracic paravertebral facet joint using imaging guidance; Injection of therapeutic agent into nerve of third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into nerve of third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional cervical paravertebral facet joint using computed tomography (CT) guidance; Injection of therapeutic agent into third and any additional thoracic paravertebral facet joint using computed tomography (CT) guidance
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)

Service: Initial/Subsequent Radiofrequency Ablation (RFA)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** Patients may receive a second radiofrequency ablation after 6 months if there was a 50% improvement of symptoms.[15-16]
- **Recommended Clinical Approach:** Radiofrequency ablation for the facet joint may provide pain relief in 45%-60% of patients.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Initial/subsequent Radiofrequency Ablation (RFA)** is considered appropriate if **ALL** the following are **TRUE**[12,15,17]:

- ◆ The patient has had 2 or more medial branch diagnostic nerve blocks to locate the target level and they have provided 50% or greater relief of symptoms.
- ◆ The patient failed to show significant improvement in pain or disability level due to symptoms, despite receiving more than 6 weeks of conservative management (conservative management includes a combination of physical therapy, provider-directed home exercise program, and anti-inflammatory/pain management medications or oral steroids).

Non-Indications

➔ **Initial/subsequent Radiofrequency Ablation (RFA)** may not be appropriate if **ANY** of the following is **TRUE**[12]:

- ◆ Infection at the injection site
- ◆ The patient is allergic to local anesthetic.
- ◆ 12 weeks of conservative care prior to MBB

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
64999	Unlisted procedure, nervous system

Service: Facet Cyst Aspiration

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** Patients may receive a second Cyst Aspiration/Rupture after 3 months if there was a 50% or more improvement of symptoms.
- **Recommended Clinical Approach:** Blocks to be performed with imaging (fluoroscopy or ultrasound with Doppler) guidance.[18] Pregnancy is a relative contraindication.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Facet Cyst Aspiration** is considered appropriate if **ALL** the following are **TRUE**:

- ◆ If this is the first request for a Cyst Aspiration and **ALL** of the following are **TRUE**[14]:
  - Advanced diagnostic imaging confirms compression or displacement of the nerve root.
  - Clinical and physical symptoms related to the synovial cyst are documented.
- ◆ If this is a subsequent request for a Cyst Aspiration and **ALL** of the following are true:
  - Experience greater than or equal to 50% or more consistent improvement in pain for at least 3 months.

Non-Indications

➔ **Facet Cyst Aspiration** may not be appropriate if **ANY** of the following is **TRUE**[19]:

- ◆ Infection at the injection site

- The patient is allergic to local anesthetic.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
64999	Unlisted procedure, nervous system

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Clinical Guideline Revision History/Information

Original Date: September 1, 2020	
Review History	
April 21, 2021 (V1.1)	**Approving Physician:** Dr. Brian Covino
Monday, Oct 11th 2021 (V.2)	**Reviewing Physician:** Dr. Vijay Yanamadala **Approving Physician:** Dr. Brian Covino
January 13, 2023 (V.3)	**Reviewing Physician:** Dr. Vijay Yanamadala **Approving Physician:** Dr. Traci Granston