1. Purpose
The purpose of this policy is to establish criteria for the medical necessity of intra-articular facet joint injections and medial branch blocks.

2. Definitions

2.1. Intra-articular facet joint injections refer to the injection of contrast, followed by the introduction of a local anesthetic and possibly a corticosteroid by inserting a needle under fluoroscopic guidance directly into the facet joint. The procedure is performed to assist in the diagnosis of facet joint pain in anticipation of possibly performing a facet joint denervation/radiofrequency ablation. The positions of the needle should be verified by fluoroscopy and documented with permanent images. Considering the intra-articular blocks are sometimes combined with a corticosteroid, in addition to being diagnostic, they can also be therapeutic in nature.

2.2. Medial branch blocks refer to the injection of local anesthetic and possibly a corticosteroid along the nerves supplying the facet joints by inserting a needle under fluoroscopic guidance directly adjacent to the joints in the region of the nerves, which supply the joint in question. Even though either procedure can be used to diagnose facet joint pain, a medial branch block is generally considered more appropriate. A positive block is considered to occur when there is at least 80% relief of the pain the patient has been experiencing for the length of time expected for the anesthetic used.

3. Statement of Policy

3.1. The determination of medical necessity for the use of intra-articular facet joint injections and medial branch blocks is always made on a case-by-case basis.

3.2. The performance of intra-articular facet joint injections and medial branch blocks may be considered medically necessary for a patient who has been confirmed with facet mediated pain by provocative testing resulting in reproducible pain (i.e., hyperextension, rotation) that has resulted from disease, injury or surgery and has not responded sufficiently to at least four (4) weeks of conservative therapy (exercise, physical methods including physical therapy, chiropractic care, NSAIDs and/or analgesics).
3.3. Based on the lack of both short-term and long-term efficacy of performing therapeutic intra-articular facet joint injections or medial branch blocks as an isolated intervention, all intra-articular facet joint injections and medial branch blocks should be performed in conjunction with an active rehabilitation program or on patients who are actively performing a home exercise program. Injections or blocks performed in isolation without the patient participating in an active rehabilitation program or home exercise program may be considered not medically necessary.

3.4. Intra-articular facet joint injections and medial branch blocks should be performed using fluoroscopy. Performance of intra-articular facet joint injections or medial branch blocks without the use of fluoroscopic guidance may be considered not medically necessary.

3.5. Intra-articular facet joint injections and medial branch blocks should be performed with a local anesthetic with or without the addition of a corticosteroid. Injections performed without the use of a local anesthetic may be considered not medically necessary.

3.6. Facet joint injections and medial branch blocks can expose patients to potential complications. Diagnostic intra-articular facet joint injections and medial branch blocks should therefore only be performed with the anticipation that if successful, facet joint denervation procedures (radiofrequency ablation/facet neurotomy) would be considered as an option at the diagnosed levels. In clinical situations where facet joint denervation procedures (radiofrequency ablation/facet neurotomy) are not being considered, the performance of intra-articular facet joint injections or medial branch blocks may be considered not medically necessary.

3.7. Intra-articular facet joint injections and medial branch blocks should only be performed in patients with neck pain or low back pain who do not have a documented and untreated radiculopathy. The performance of intra-articular facet joint injections or medial branch blocks in patients who present with documented evidence of radiculopathy that has been untreated, may be considered not medically necessary.

3.8. Based on the lack of evidence that a second or confirmatory block prevents the incidence of a false positive response to the radiofrequency facet joint ablation/neurotomy, a repeat intra-articular facet joint injection or medial branch block in most clinical situations may be considered not medically necessary. When diagnostic intra-articular facet joint injections or medial branch blocks are performed (anesthetic only), a positive diagnostic response is recorded when greater than 80%
pain relief is reported for 80% of the duration of the effect of the local anesthetic used. When an injection or block is considered positive, a second (confirmatory) block is not medically necessary. When therapeutic intra-articular facet joint injections or medial branch blocks are performed (anesthetic and corticosteroid), a positive response to the procedure is considered when the patient has reported at least a 50% reduction in their pain for at least four (4) weeks. When considering repeat therapeutic facet joint injections/medial branch blocks, they should not be performed more frequently than once every four (4) months.

3.9. To avoid coming to an improper diagnosis or providing unnecessary treatment, the performance of facet joint injections or medial branch blocks is not medically necessary on the same day of service when performing other spinal injections in the same region.

3.10. When performing intra-articular facet joint injections or medial branch blocks, no more than three (3) levels should be injected during the same session/procedure. It may be medically necessary to inject the same level or levels bilaterally during the same session/procedure. The performance of injections/blocks on more than three (3) levels may be considered not medically necessary.

3.11. Facet joint injections and medial branch blocks are not without risk, and can expose patients to potential complications. When performing intra-articular facet joint injections or medial branch blocks, the use of intravenous sedation may be grounds to negate the results of a diagnostic block and; therefore, should be reserved for only those patients with severe anxiety issues. Due to the risk of potential complications, the routine use of intravenous sedation may be considered not medically necessary.

4. References

4.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding intra-articular facet joint injections and medial branch blocks and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:

- **TMMP 18 - Medical Necessity**

### CPT Codes

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64490</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic, single level</td>
</tr>
<tr>
<td>64491</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal), second level (List separately in addition to code for primary procedure)</td>
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</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

### Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Punctuation corrected in §3.2 and §3.11.</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.9. revised. CPT Code descriptions for 64491, 64492, 64494, and 64495 revised.</td>
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<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>07/21/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed codes 64470-64476 from policy title as they are no longer used. Removed CPT codes from policy title, added CPT table at end of policy. §3.6 &amp; §3.11 removed ‘are not without risk, and’. Sentence now reads ‘facet joint injections and medial branch blocks can expose patients to potential complications.</td>
</tr>
<tr>
<td>06/10/2011</td>
<td>Level 1, 2, 3</td>
<td>Addition of CPT codes 64490-64495 in policy title. Removed §5, Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively.</td>
</tr>
<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §2.2. word changed from 50% to 80%.</td>
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| 09/24/2009    | Level 1, 2, 3 | Annual Review. §3.8 was changed from “when diagnostic intra-articular facet joint injections or medial branch blocks are performed (anesthetic only), a positive diagnostic response is recorded when greater than 50% pain relief is reported for 80% of the duration of the effect of the local anesthetic used” to “when diagnostic intra-articular facet joint injections or medial branch blocks are performed (anesthetic only), a positive diagnostic response is recorded when greater than 80% pain relief is reported for 80% of the duration of the effect of the local anesthetic used.” Also in § 3.8, text was changed from “when
therapeutic intra-articular facet joint injections or medial branch blocks are performed (anesthetic and corticosteroid), a positive response to the procedure is considered when the patient has reported at least a 50% reduction in their pain for at least 2 weeks” to “when therapeutic intra-articular facet joint injections or medial branch blocks are performed (anesthetic and corticosteroid), a positive response to the procedure is considered when the patient has reported at least a 50% reduction in their pain for at least four (4) weeks.”

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>11/12/2008</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.