Instructions for use
The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer’s particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer’s benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:
1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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## CMM-201~Facet Joint Injections/Medial Branch Blocks

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CMM-201~Facet Joint Injections/Medial Branch Blocks

CMM-201.1 Definitions

Facet Joint Injections/medial branch blocks refer to the injection of local anesthetic and possibly a corticosteroid in the facet joint capsule or 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 individual has been experiencing for the length of time expected for the anesthetic used.

CMM-201.2 General Guidelines

A diagnostic facet joint injection/medial branch block is used to determine whether back pain originates in the facet joint or nerves surrounding the facet joint.

Subsequent facet injections/medial branch blocks are considered as therapeutic rather than diagnostic. There is no scientific evidence to support the use of therapeutic facet joint injections. They are considered experimental, investigational or unproven.

Facet joint injections/medial branch blocks should be performed using fluoroscopy. Performance of facet joint injections/medial branch blocks without the use of fluoroscopic guidance is considered not medically necessary.

Facet joint injections/medial branch blocks can expose individuals to potential complications. Diagnostic facet joint injections/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 facet joint injections/medial branch blocks is considered not medically necessary.
CMM-201.3 Indications and Non-Indications

✓ Facet joint injections/medial branch blocks are considered medically necessary for facet mediated pain resulting from disease, injury or surgery and confirmed by provocative testing resulting in reproducible pain (i.e., hyperextension, rotation) that 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).

✓ Facet joint injections/medial branch blocks should only be performed for neck pain or low back pain in the absence of an untreated radiculopathy. The performance of facet joint injections/medial branch blocks in the presence of an untreated radiculopathy is considered not medically necessary.

✓ One diagnostic facet joint injection/medial branch block is considered medically necessary to determine whether chronic neck or back pain is of facet joint origin when ALL of the following criteria are met:
  • Pain is exacerbated by extension and rotation, or is associated with lumbar rigidity
  • Pain has persisted despite appropriate conservative treatment (e.g., nonsteroidal anti-inflammatory drugs (NSAIDs, exercise)
  • Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., spinal stenosis, disc degeneration or herniation, infection, tumor, fracture).

✓ When there is greater than 80% pain relief from a single diagnostic facet joint injection/medial branch block, there is sufficient evidence of facet pathology and a second confirmatory block is unnecessary.

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

✓ When performing facet joint injections/medial branch blocks, no more than three (3) levels should be injected during the same session/procedure. It is considered 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 is considered not medically necessary.
Facet joint injections/medial branch blocks are not without risk, and can expose individuals to potential complications. When performing facet joint injections/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 individuals with severe anxiety issues. Due to the risk of potential complications, the routine use of intravenous sedation is considered not medically necessary.

**CMM-201.4 Procedure (CPT®) Codes**

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code’s inclusion on this list does not necessarily indicate prior authorization is required.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<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)</td>
</tr>
<tr>
<td>+64492</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), third and any additional level(s) (List separately)</td>
</tr>
<tr>
<td>64493</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, single level</td>
</tr>
<tr>
<td>+64494</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, second level (List separately)</td>
</tr>
<tr>
<td>64495</td>
<td>Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, third and any additional level(s) (List separately)</td>
</tr>
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**CPT® Codes Considered Experimental, Investigational or Unproven**

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<tr>
<td>0228T</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level</td>
</tr>
<tr>
<td>0231T</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional 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. The final determination of reimbursement for services is the decision of the health plan and is based on the individual’s policy or benefit entitlement structure as well as claims processing rules.

**CMM-201.5 References**

35. Lilius G, Laaso


