Common symptoms and symptom complexes are addressed by this tool. Requests for patients with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician may provide additional insight.
### CMM-201 Facet Joint Injections/Medial Branch Blocks

<table>
<thead>
<tr>
<th>CMM-201</th>
<th>Facet Joint Injections-Medial Branch Blocks</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>201.1</td>
<td>Definitions</td>
<td>3</td>
</tr>
<tr>
<td>201.2</td>
<td>General Guidelines</td>
<td>3</td>
</tr>
<tr>
<td>201.3</td>
<td>Indications and Non-Indications</td>
<td>4</td>
</tr>
<tr>
<td>201.4</td>
<td>Procedure (CPT®) Codes</td>
<td>6</td>
</tr>
<tr>
<td>201.5</td>
<td>References</td>
<td>6</td>
</tr>
</tbody>
</table>
CMM-201.1 Definitions

- **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.

- **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.

CMM-201.2 General Guidelines

- 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.

- 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.

- 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. Continued . . .
CMM-201.2 General Guidelines Continued . . .

✓ 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.

✓ 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.

CMM-201.3 Indications and Non-Indications

✓ 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).

✓ 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.

✓ 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.

✓ 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.

✓ 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.

✓ 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.
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. Pre-authorization requirements vary by individual payor.

<table>
<thead>
<tr>
<th>CPT®</th>
<th>Code Description/Definition</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)</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>
<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>
</tbody>
</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 individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary’s policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

CMM-201.5 References


