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Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34131)



Contractor Information

Contractor Name Noridian Healthcare Solutions, LLC opens in new window Back to Top	Contract Number 01182	Contract Type MAC - Part B
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LCD Information

Document Information

LCD ID L34131	Jurisdiction California - Southern
LCD Title Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	Original Effective Date For services performed on or after 03/05/2014
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	Revision Ending Date N/A
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	Notice Period Start Date 01/16/2014
	Notice Period End Date 03/04/2014

CMS National Coverage Policy N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Introduction:

This policy does not address sacral conditions or injections or neurotomies. Sacral injections, identified on the claim by the ICD-9 code 724.6, are not subject to the requirements of this LCD.

Facet joints are paired diarthrodial articulations of the superior and inferior articular processes of adjacent vertebrae. The medial branches (MB) of the dorsal rami of the segmental nerves innervate facet joints and the

MB nerves from the two adjacent dorsal rami innervate each joint. [Exceptions to this rule are the C2-3 facet joint, which is innervated by the third occipital nerve; and the L5-S1 facet joint, which is innervated by the L4 MB and the L5 dorsal ramus.]

Facet joint injection techniques are used in the diagnosis and/or treatment of chronic neck and back pain. However, the evidence of clinical efficacy and utility has not been well-established in the medical literature, which is replete with non-comparable and inadequately designed studies. Further, there is a singular dearth of long-term outcomes reports. This is particularly problematic given the steroid dosages administered. These drugs alone may develop the relief experienced by patients but are associated with serious adverse health events and could as well be administered orally. **Hence, ongoing coverage requires outcomes reporting as described in this LCD to allow future analysis of clinical efficacy.**

Definitions

- A zygapophyseal (aka facet) joint "level" refers to the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint.
- A "session" is defined as all injections/blocks/RF procedures performed on one day and includes medial branch blocks (MBB), intraarticular injections (IA), facet cyst ruptures, and RF ablations.
- A "region" is all injections performed in cervical/thoracic or all injections performed in lumbar (not sacral) spinal areas.
- "Diagnosis" of facet-mediated pain requires the establishment of pain relief following dual medial branch blocks (MBBs) performed at different sessions. Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source.

Indications

- Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).
- Pain is predominantly axial and not associated with radiculopathy or neurogenic claudication.
- There is no non-facet pathology that could explain the source of the patient's pain, such as fracture, tumor, infection, or significant deformity.
- Clinical assessment implicates the facet joint as the putative source of pain.

General Procedure Requirements:

- Pre-procedural documentation must include a complete initial evaluation including history and an appropriately focused musculoskeletal and neurological physical examination. There should be a summary of pertinent diagnostic tests or procedures justifying the possible presence of facet joint pain.
- A procedure note must be legible and include sufficient detail to allow reconstruction of the procedure. Required elements of the note include a description of the techniques employed, nerves injected and sites(s) of injections, drugs and doses with volumes and concentrations as well as pre and post-procedural pain assessments. With RF neurotomy, electrode position, cannula size, lesion parameters, and electrical stimulation parameters and findings must be specified and documented.

- Facet joint interventions (diagnostic and/or therapeutic) must be performed under fluoroscopic or computed tomographic (CT) guidance. Facet joint interventions performed under ultrasound guidance will not be reimbursed.
- A hard (plain radiograph with conventional film or specialized paper) or digital copy image or images which adequately document the needle position and contrast medium flow (excluding RF ablations and those cases in which using contrast is contra-indicated, such as patients with documented contrast allergies), must be retained and submitted if requested.
- In order to maintain target specificity, total IA injection volume must not exceed 1.0 mL per cervical joint or 2 mL per lumbar joint, including contrast. Larger volumes may be used only when performing a purposeful facet cyst rupture in the lumbar spine.
- Total MBB anesthetic volume shall be limited to a maximum of 0.5 mL per MB nerve for diagnostic purposes and 2ml for therapeutic. For a third occipital nerve block, up to 1.0 mL is allowed for diagnostic and 2ml for therapeutic purposes.
- In total, no more than 100 mg of triamcinolone or methylprednisolone or 15 mg of betamethasone or dexamethasone or equivalents shall be injected during any single injection *session*.
- Both diagnostic and therapeutic facet joint injections may be acceptably performed without steroids.

Provider Qualifications

Provider Qualifications' requirements must be met. Patient safety and quality of care mandate that healthcare professionals who perform Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy are appropriately experienced and/or trained to provide and manage the services. The CMS Manual System, Pub. 100-8, Program Integrity Manual, Chapter 13, Section 5.1

(<http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf>) underscores this point and states that "reasonable and necessary" services must be "ordered and/or furnished by qualified personnel." Services will be considered medically reasonable and necessary only if performed by appropriately experienced and/or formally trained providers.

The following training requirement applies only to those providers who have **not** provided these specific interventional pain management services on a regular basis (at least two times per month) during the ten years prior to the effective date of this LCD as may be established by claims billings. A basic requirement of payment is training and/or credentialing by a formal residency/fellowship program and/or other training program that accredited by a nationally-recognized body and whose core curriculum includes the performance and management of the procedures addressed in this policy. Recognized accrediting bodies include only those whose program accreditation gains the trainee eligibility to sit for a healthcare-related licensing exam or licensing itself, which in turn allows the licensee to perform these procedures. At a minimum, training must cover and develop an understanding of anatomy and drug pharmacodynamics and kinetics, the technical performance of the procedure(s) and utilization of the required associated imaging modalities, and the diagnosis and management of potential complications from the intervention.

The following *credentialing* requirement applies to all providers of the services addressed in this policy. If the practitioner works in a hospital facility at any time and/or is credentialed by a hospital for any procedure, the practitioner must be credentialed to perform the same procedure in the outpatient setting.

Diagnostic Facet Joint Injections

- Dual MBBs are necessary to diagnose facet pain due to the unacceptably high false positive rate of single MBB injections.
- A second confirmatory MBB is allowed if documentation indicates the first MBB produced $\geq 80\%$ relief of primary (index) pain and duration of relief is consistent with the agent employed.
- Intraarticular facet block will not be reimbursed as a diagnostic test unless medial branch blocks cannot be performed due to specific documented anatomic restrictions.

Therapeutic Injections

- Medial Branch Blocks may provide temporary or long-lasting or permanent relief of facet-mediated pain. Injections may be repeated if the first MBB results in significant pain relief ($> 50\%$) for at least 3 months. (See Limitations section for total number of injections that may be performed in one year.)
- Intraarticular injections may be covered for treatment of defined facet pain a) above or below a posterior spinal fusion when technical performance of MBBs is precluded, and/or b) when thermal RF neurotomy is precluded due to an implantable spinal cord stimulator or cardiac pacemaker or c) for rupture of symptomatic synovial cyst. Injections for these conditions and for axial pain with an arthritic joint may be repeated if the first intraarticular injection results in significant pain relief ($> 50\%$) for at least 3 months. (See Limitations section for total number of injections that may be performed in one year.)
- Recurrent pain at the site of previously diagnosed facet pain (dual MBBs) may be treated without additional diagnostic blocks if $> 50\%$ pain relief from the previous blocks lasted at least 3 months.

Thermal Medial Branch Radiofrequency Neurotomy (includes RF and microwave technologies):

- Only when dual MBBs provide $\geq 80\%$ relief of the primary or index pain and duration of relief is consistent with the agent employed may facet joint denervation with RF medial branch neurotomy be considered.
- Repeat denervation procedures involving the same joint will only be considered medically necessary if the patient experienced $\geq 50\%$ improvement of pain and improvement in patient specific ADLs documented for at least 6 months.

Limitations of Coverage:

- A maximum of five (5) facet joint injection sessions inclusive of medial branch blocks, intraarticular injections, facet cyst rupture and RF ablations may be performed per year in the cervical/thoracic spine and five (5) in the lumbar spine.
- For each covered spinal region (cervical/thoracic or lumbar), no more than two (2) thermal RF sessions will be reimbursed in any calendar year, involving no more than four (4) joints per session, e.g., two (2) bilateral levels or four (4) unilateral levels.
- Neither conscious sedation nor Monitored Anesthesia Care (MAC) is routinely necessary for intraarticular facet joint injections or medial branch blocks and are not routinely reimbursable. Individual consideration may be given for payment in rare unique circumstances if the medical necessity of sedation is unequivocal and clearly documented.
- Non-thermal RF modalities for facet joint denervation including chemical, low grade thermal energy (<80 degrees Celsius), as well as pulsed RF are not covered.
- Intraarticular and/or extraarticular facet joint prolotherapy is not covered.

[Back to Top](#) 

[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
073x Clinic - Freestanding
083x Ambulatory Surgery Center
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

- 64490 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL
- 64491 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 64492 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 64493 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL
- 64494 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 64495 INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 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)
- 64635 DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT
- 64636 DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

- 721.0 CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
- 721.2 THORACIC SPONDYLOSIS WITHOUT MYELOPATHY
- 721.3 LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
- 724.8* OTHER SYMPTOMS REFERABLE TO BACK
- 733.82* NONUNION OF FRACTURE

Group 1 Medical Necessity ICD-9 Codes Asterisk Explanation: *724.8* Use for FACET SYNDROME ONLY

733.82* Use for PSEUDOARTHROSIS ONLY

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

[Back to Top](#) 

[General Information](#)

Associated Information

N/A

Sources of Information and Basis for Decision

Lumbar Reference

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Van Kleef M, Barendse GA, Kessels A, et al. Randomized trial of radiofrequency lumbar facet denervation for chronic low back pain. *Spine* 1999; 24: 1937-1942.

Cervical References:

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[Back to Top](#) 

Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
03/05/2014	R2	The LCD revised only to re-attached the correct comments and responses for JE B.	<ul style="list-style-type: none">• Other
03/05/2014	R1	Revisions made to the "Coverage Indications, Limitations and/or Medical Necessity" & "Bill Type Codes" sections.	<ul style="list-style-type: none">• Other


[Back to Top](#) 

Associated Documents

Attachments [Comments and Responses for Facet opens in new window](#) (a comment and response document) (PDF - 210 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 02/10/2014 with effective dates 03/05/2014 - N/A [Updated on 02/10/2014 with effective dates 03/05/2014 - N/A](#) [Updated on 01/24/2014 with effective dates 03/05/2014 - N/A](#) [Updated on 01/10/2014 with effective dates 03/05/2014 - N/A](#) [Back to Top](#) 

Keywords

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