

Policy: MP283

Section: Medical Benefit Policy

Subject: Facet Injections

I. Policy: Facet Injections

II. Purpose/Objective:

To provide a policy of coverage regarding Facet Injections

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

INDICATIONS: Requires Prior Medical Director or designee Authorization

Facet Injections are considered medically necessary when **all of the following criteria are met:**

1. Organic etiology of pain based on history and physical exam, leading to a diagnosis of **any of the following:**
 - Spinal enthesopathy
 - Cervical spondylosis without myelopathy
 - Thoracic spondylosis without myelopathy
 - Lumbosacral spondylosis without myelopathy (Facet Arthropathy)
 - Spondylosis with myelopathy, lumbar region
 - Spondylosis of unspecified site without mention of myelopathy
 - Cervical degenerative disc disease
 - Thoracic degenerative disc disease
 - Lumbar degenerative disc disease
 - Intervertebral cervical disc disorder with myelopathy
 - Intervertebral thoracic disc disorder with myelopathy
 - Intervertebral lumbar disc disorder with myelopathy
 - Postlaminectomy syndrome, cervical region
 - Postlaminectomy syndrome, thoracic region
 - Postlaminectomy syndrome, lumbar region
 - Spinal stenosis, unspecified region other than cervical
 - Spinal stenosis, of thoracic region
 - Spinal stenosis of lumbar region
 - Spinal stenosis, other region other than cervical
 - Facet syndrome
 - Acquired spondylolisthesis
 - Spondylolysis, congenital
 - Congenital spondylolisthesis

NOTE: Low back pain or neck pain alone are not considered to be medical necessity diagnoses for epidural injections
and

2. No evidence of localized infection at the proposed injection site or systemic infection, allergy to medication being used, use of anti-coagulants, bleeding disorder, psychogenic origin of pain or intraspinal tumor ; **and**
3. Documented failure or contraindication to physical therapy or chiropractic care*. There must be documentation of a minimum of 4 weeks of physical therapy or chiropractic care at least 2 times per week for the four weeks (minimum of 8 visits) within one year of the request for injections. The therapy **MUST** be associated with the body area that will be treated with the requested injections. A home exercise program is not an adequate substitute for formal physical therapy or chiropractic care. If the provider indicates the member cannot do physical therapy or chiropractic care due to pain, the provider must submit documentation from an evaluating physical therapist or chiropractor dated within 4 weeks of the request indicating the member cannot tolerate therapy services. Please note that one visit for injection to allow the member to attend therapy is not considered medically necessary. Please also note that completion of less than the minimum number of therapy or chiropractor visits due to non-compliance is not an acceptable alternative to this requirement in the absence of documentation the member was unable to tolerate therapy services; **and**

***Physical therapy /chiropractic requirement not applicable to Medicare business segment**

4. Documented failure or contraindication to pharmacologic therapy. There must be documentation of the use of at least two (2) classes of medications from the following list of medication classes must be submitted for review: NSAIDs, opiates, non-opioid analgesics, anti-epileptic medications used for treatment of chronic pain, antidepressant medications used for treatment of chronic pain, ASA or ASA derivatives, muscle relaxants, steroids, such as prednisone or Medrol or documented contraindication to each of these drug classes.

LIMITATIONS:

If the medical necessity for facet injection is met, up to three (3) injections per level may be approved initially. If there is greater than 50% reduction in symptoms or greater than 50% improvement in physical and functional status with the initial

blocks, the provider may request an additional series of up to three additional facet injections per level not to exceed 6 (six) per calendar year. Please note for GHP Family, the Benefit Limit Exception (BLE) process will apply to requests for more than six (6) injections per calendar year.

CODING ASSOCIATED WITH: Facet Injections

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

- 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 second level
- 64492 third and any additional level(s)
- 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)
- 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)
- 0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
- 0217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
- 0218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Winifred S. Hayes, Hayes Inc. Online. Facet Blocks for Treatment of Low Back Pain. Feb. 1998. Updated 1/28/04.

Winifred S. Hayes, Hayes Inc. Online. Nerve Blocks for Chronic Non-malignant Pain. Aug. 2000. Updated 8/13/04.

ECRI, HTAIS, Hotline Response. Facet Joint, Epidural and Trigger Point Injection Therapies for Chronic Non-malignant Back Pain. July 2004.

Winifred S. Hayes, Hayes Inc. Online. Facet Blocks for Chronic Back Pain. October 2, 2006.

Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical interventional therapies for low back pain: a review of the evidence for an american pain society clinical practice guideline. Spine. 2009 May 1;34(10):1078-93.

Chou R, Loeser JD, Owens DK, Rosenquist RW, Atlas SJ, Baisden J, et al. for the American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. Spine. 2009 14(10): 1066-1077.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/15

Revised: 9/15, 7/17(revise drug requirement)

Reviewed: 11/16, 6/18