



Subject: Facet Joint Injections and Facet Joint Denervation*

Effective Date: July 31, 2007

Department (s): Utilization Management

Policy: Facet Joint Injections and denervation are reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for the administration of facet joint injections and to delineate criteria that provides evidence of medical necessity.

Procedure: **I. Facet joint injections (CPT 64490 through 64495)** are considered medically necessary in the management of **chronic** back or neck pain (pain lasting more than 3 months despite appropriate conservative treatment) when used **either**.

- A. As a diagnostic trial to determine the origin of the member's pain, to establish the effectiveness of the facet injections in relieving the member's pain, and to achieve a therapeutic effect; *or*
- B. As a therapeutic injection to facilitate a comprehensive pain management program (not as an isolated treatment), including physical therapy, patient education, psychosocial support, and oral medication where appropriate.

Facet joint injections are considered experimental and investigational for all other indications.

In the diagnostic phase, 2 injections are considered medically necessary at an interval of no less than one week apart.

In the therapeutic phase, a minimum interval of 2 months between injections per region, with a maximum of six times in one year per region is considered medically necessary if greater than 50% relief has been obtained for at least 6 weeks. In cases of recurrent injury or cervicogenic headache, the treatment interval may be reduced to 6 weeks.

Up to four sets of facet injections are considered medically necessary to diagnose the origin of a patient's pain and achieve a therapeutic effect. It is considered medically necessary to inject the same level or levels bilaterally during the same session/procedure.

To avoid 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.

Consistent with the Agency for Healthcare Research and Quality (AHRQ) guideline on the treatment of acute back pain, QualCare considers facet joint injections experimental and investigational for the treatment of acute back pain, defined as back pain of less than 3 months' duration.

II. Facet joint denervation (CPT 64633 through 64636) is considered medically necessary in the management of **chronic** back or neck pain when:

- A. Criteria for facet joint injection above is met.
- and**
- B. There has been a positive response to two prior facet joint injections (blocks) at the involved

level(s), consisting of a temporary improvement in pain of at least 75% .

- C. A therapeutic frequency of facet joint denervation of at least three months for each region between repeat procedures(maximum of three times per year) is considered medically appropriate with documentation of > 50% pain relief for at least 12 weeks.

Thoracic facet joint denervation (no specific CPT code) is not reimbursable as it is considered investigational due to lack of published evidence of effectiveness.

References:

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Appendix: Facet Joint Injection: Zygapophysial joints (better known as “facet” or “Z” joints), are located on the posterior spine on each side of the vertebrae where it overlaps the neighboring vertebrae. These facet joints provide stability and give the spine the ability to bend and twist. They are made up of the two surfaces of the adjacent vertebrae, which are separated by a thin layer of cartilage. The joint is surrounded by a sac-like capsule and is filled with synovial fluid. The two major reasons to have a facet joint injection is to determine source of the pain or for therapy and for the therapy itself. The facet joint injection is an injection of a long acting local anesthetic agent and/or steroid.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.