Back: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy
(Medicare Only)

Effective Date: 1/1/2020

Medical Policy Committee Approved Date: 2/16; 10/16; 10/17; 12/18; 11/19

Medical Officer Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

POLICY CRITERIA

This policy is based upon the Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD) regarding Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy. ([L34995](#), effective 11/02/2016, last accessed 11/27/2019)

Note: The coverage indications below do not apply to the sacral facet or sacroiliac joint. Please see the sacral or sacroiliac joint limitations of coverage section below.

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, with the possible exception of facet joint cysts, 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. It is inappropriate to bill for fluoroscopy (CPT® codes 77002 or 77003) with a 59 modifier when the procedure(s) billed on that date of service for the same patient by the same provider are included in the CPT® description of the procedure(s) performed.
- 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 session.
- Both diagnostic and therapeutic IA facet joint injections and medial branch blocks (see criteria below) may be acceptably performed without steroids.

Diagnostic Facet Joint Injections

- Dual MBBs (a series of two 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 ≥ 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

- Either intraarticular injections or medial branch blocks may provide temporary or long-lasting or permanent relief of facet-mediated pain. Injections may be repeated if the first 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 treated facet joint may be treated without additional diagnostic blocks if > 50% pain relief from the previous block(s) lasted at least 3 months.

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

- Only when dual MBBs provide ≥ 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 ≥ 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 rolling 12 month 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 rolling 12 month 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.

Sacral or Sacroiliac Joint

The Providence Health Plan (PHP) CMS Medical Policy Manual (UM382) hierarchy of coverage indicates that in the absence of an NCD, LCD, LCA, or other coverage guideline, CMS allows coverage determinations to be based on an objective, evidenced-based process. Therefore, the PHP commercial medical policy criteria may be applied to RFA of the sacroiliac joint.
• Radiofrequency ablation of the sacral facet joints or sacroiliac joint is considered **not medically necessary** and is not covered for the treatment of facet joint or SI joint pain.

**BILLING GUIDELINES**

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 is 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.

**CPT/HCPCS CODES**

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### MEDICAL POLICY

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### DESCRIPTION

Radiofrequency ablation (RFA) is the destruction of nerves using heat generated by radiofrequency emissions. It is used to treat persistent back and neck pain generated by diseased facets. There are no well-designed studies to prove long-term benefit; however, there is good evidence that in select patients there can be short term benefit for the facet generated pain. RFA has become an accepted modality in those with severe back or neck pain. Use of RFA is justified by a positive response to local anesthesia of the diseased facets where the patient experiences significant pain relief from the trial.

Per the CMS LCD L34995: “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.” (1)

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.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHA Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

MEDICAL POLICY CROSS REFERENCES

Providence Health Plans Medical Policy; Back: Radiofrequency Ablation for Persistent Facet Pain (All Lines of Business Except Medicare); SUR130

REFERENCES