

Subject: Facet Joint Interventions for Pain Management

Medical Policy #: 16.6

Status: Reviewed

Original Effective Date: 08-27-2007

Last Review Date: 08/21/2024

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Facet Joint Injections (Diagnostic and Therapeutic): The facet joints of the vertebra (zygapophyseal joints) are a possible source of chronic back pain. The diagnosis of facet-mediated pain is established by use of diagnostic nerve blocks. The facet block procedure is an injection of a local anesthetic, with or without a steroid medication, either into the facet joint (intra-articular) or outside the joint space around the nerve supply to the joint (the medial branch nerve) known as medial branch block (MBB). The response pattern to diagnostic facet joint injections has become the gold standard for diagnosing facet syndrome. Temporary or prolonged abolition of the spinal pain suggests that facet joints were the source of the symptoms.

Facet joint denervation (radiofrequency ablation): Patients who have a positive response to the diagnostic nerve block may be referred for pain reduction techniques, such as paravertebral facet joint denervation (also known as radiofrequency ablation). Patients considered for this procedure usually have back pain without a strong radicular component and not associated with a neurologic deficit. Treatment objectives are to eliminate pain, reduce the likelihood of recurrence, and prolong the time to recurrence by selectively destroying pain fibers without inducing excessive sensory loss, motor dysfunction or other complications.

There are various methods that may be used in performing facet joint denervation. Percutaneous radiofrequency (RF) ablation (rhizotomy) is a minimally invasive procedure done with imaging guidance (fluoroscopy or CT per code descriptor) and involves using energy in the radiofrequency range to cause necrosis of specific nerves (medial branches of the dorsal rami), preventing the neural transmission of pain. Conventional radiofrequency ablation (non-pulsed or continuous) applies thermal energy of typically 80 to 85 degrees Celsius.

Coverage Determination

Prior Authorization is not required. All claims are subject to retrospective review.

Benefit is covered for **Medicare, Medicaid and Commercial** members based on the following.

PHP follows Local Coverage Determination, Novitas (LCD [L34892](#)) Facet Joint Interventions for Pain Management and LCA ([A56670](#)).

For Epidural injections see [MPM 5.9](#).

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

If no image guidance is used, you must report 20552-20553 Injection(s); single or multiple trigger point(s)

CPT Codes	Non-Covered: The following CPT/HCPCS codes do not support medical necessity and will not be covered.
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; single level.
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; second level.

CPT Codes	Non-Covered: The following CPT/HCPCS codes do not support medical necessity and will not be covered.
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, cervical or thoracic; third and any additional level(s)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; single level.
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; second level.
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with ultrasound guidance, lumbar or sacral; third and any additional level(s).
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (list separately in addition to code for primary procedure)

Codes	For Paravertebral facet injection the use of image guidance includes fluoroscopy or CT and not Ultrasound guidance.
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; single level
+64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; second level
+64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; third and any additional level(s) <ul style="list-style-type: none"> 64492 should be reported in conjunction with 64490/64491. 64492 will only be covered upon appeal if sufficient documentation of medical necessity is present.
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; single level
+64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; second level
+64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; third and any additional level(s) <ul style="list-style-type: none"> 64495 should be reported in conjunction with 64493/64494. 64495 will only be covered upon appeal if sufficient documentation of medical necessity is present.
64999	<ul style="list-style-type: none"> Non-thermal facet joint denervation (including chemical, low grade thermal energy [<80 degrees Celsius] or any other form of pulsed radiofrequency) should not be reported with CPT codes 64633, 64634, 64635 or 64636. These services should be reported with CPT code 64999. CPT code 64999 is non-covered when used to report non-thermal facet joint denervation including chemical, low grade thermal energy (less than 80 degrees Celsius) or any form of pulsed radiofrequency. Miscellaneous Code is subject to review for prepayment upon claims

	submission.
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Codes for Destruction of nerve (Facet neurotomy)	<ul style="list-style-type: none"> Although two nerves innervate each facet joint, the number of nerves treated does not affect code selection. The following procedures are included in the services described with code series 64633-64636: <ul style="list-style-type: none"> Includes injection of contrast, steroid or local anesthetic agent Fluoroscopy or CT. Spinal nerve is destroyed using chemical, thermal, electrical, or radiofrequency techniques, which may be used independently or in combination
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <u>cervical or thoracic</u> , single facet joint
+ 64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <u>cervical or thoracic</u> , each additional facet joint (List separately in addition to code for primary procedure). Code first 64633.
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <u>lumbar or sacral</u> , single facet joint
+ 64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <u>lumbar or sacral</u> , each additional facet joint (List separately in addition to code for primary procedure). Code first 64635.

ICD-10-CM Codes that Support Medical Necessity
See Novitas Facet Joint Interventions for Pain Management (A56670) or WPS Facet Joint Interventions for Pain Management (A58477).

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: Clinton White, MD
Senior Medical Director: Jim Romero, MD
Date Approved: 08/21/2024.

References

1. MCG Health Ambulatory Care 28th Edition, Facet Neurotomy, ACG: A-0218 (AC), Last Update: 3/15/2024. [Cited 05/31/2024]
2. MCG Health Ambulatory Care 28th Edition, Facet Joint Injection, ACG: A-0695 (AC), Last Update: 3/15/2024. [Cited 05/31/2024]
3. CMS, Novitas Local Coverage Determination (LCD), Facet Joint Interventions for Pain Management (L34892), Revision date:04/25/2021, R18, related LCA (A56670), Effective date: 01/01/2023, R6. [Cited 05-31-2024]
4. CMS Novitas Local Coverage Determination (LCD): Trigger Point Injections, LCD (L35010), Revision date: 09-01-2022, R8; related LCA (A57751), Revision date: 10/01/2021 R2 [Cited 05/31/2024]

Publication History

08-27-07	Original effective date Aug 27, 2007
05-25-16:	Annual Review. Accessed MCG A-0218. Last update 1/28/16. No change.
09-27-17:	Annual Review. Accessed MCG A-0218. Last update 2/2/17.
07-31-19:	Annual Review. Accessed MCG A-0218. Last Update 02/11/2019. Added CMS LCD L34892.
07/22/20	Annual Review: Reviewed by PHP Medical Policy Committee on 06/10/20. MCG A-0218 removed to expand coverage to all LOBs using LCD L34892 or L35996; which are not limited to facet neurotomy only but includes other facet joint interventions for pain management. Title of policy changed from Paravertebral Facet Joint

- Denervation. Continue No Prior Auth for all CPT codes, including the new codes 64490-64495. Non-Covered for all LOBs: 0213T, 0214T, 0215T, 0216T, 0217T, 0218T. 0213T, 0214T, 0215T, 0216T, 0217T, 0218T.
- 07/28/21 Annual Review: Reviewed by PHP Medical Policy Committee on 07/14/2021, 07/16/2021 and final review on 08-20-2021. Change in LCDs: Both Novitas (LCD L34892) and WPS (LCD L38841) now have identical Criteria, Frequency, Limitation and Documentation. The criteria language for initial/repeat thermal radiofrequency changed. Also, there is a new criterion for Facet Cyst Aspiration/Rupture. The number of "frequencies" changed; also, the frequency information is stated in each section of the procedures. Even the titles of both LCDs are now the SAME (Facet Joint Interventions for Pain Management). Provider qualification and limitation were added to policy. Continue no PA requirement for: 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, and 64999. Both LCAs changed to include additional non-covered codes (0219T, 0220T, 0221T, 0222T). The overall non-covered codes are: 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T & 0222T. Added the following language to the CPT code table: "Codes 64492 and 64495 will only be covered upon appeal if sufficient documentation of medical necessity is present." Config 64490 and 64493 to not exceed 8 sessions (or units) in a rolling 12 months for all LOB; Config 64633 and 64635 to not exceed 2 sessions (or units) in a rolling 12 months for all LOB, with effective DOS of 11/01/2021.
- 07/27/22 Annual Review: Reviewed by PHP Medical Policy Committee on 07/01/2022. Both LCDs from Novitas and WPS are identical. Change to follow only one LCD. Continue to follow Novitas LCD L34892 for all LOB. Facet Joint Interventions for Pain Management (LCD L34892), related LCA (A56670), has no change in criteria and is still on same revision. No longer following WPS LCD Facet Joint Interventions for Pain Management (L38841). Configuration of frequency in a rolling year for the following codes: 64490, 64493, 64633 and 64635 are pending.
- 07/26/23 Annual Review: Reviewed by PHP Medical Policy Committee on 06-02-2023. Continue to follow Novitas, Facet Joint Interventions for Pain Management (LCD L34892), related LCA (A56670) for ALOB. Continue no PA requirement for: 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, and 64999. Continue config CY 2021 to deny as investigational: 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T & 0222T for all LOB. Configuration of frequency in a rolling year is still pending. Custom rule created to allow only the listed ICD-10 to be payable as outlined in Novitas LCA (A56670) related LCD (L34892) except for CPT 64999, so to continue without having a termed date for ALOB. Need to notify CES group of any changes to in the future for this custom rule.
- 8/21/24 Annual Review: Reviewed by PHCQC Medical Policy Committee on 06/12/2024. Continue to follow Novitas, Facet Joint Interventions for Pain Management (LCD L34892), related LCA (A56670) for ALOB. Continue no PA requirement for: 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, and 64999. Continue config CY 2021 to deny as investigational: 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T & 0222T for all LOB. Update from custom rule to follow LCA (A56670). Frequency to be configured/ managed by Cotiviti per the LCA and prior notification from 7/28/2021.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired, or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.