MEDICAL POLICY

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Medical Policy Title	**Facet Joint Injections/ Medial Branch Blocks**
Policy Number	**7.01.116**
Current Effective Date	March 20, 2025
Next Review Date	March 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

I. An initial diagnostic facet joint injection or medial branch block to determine whether chronic cervical, thoracic, or lumbar pain is of facet joint origin is considered **medically appropriate**, when **ALL** the following criteria are met:

   A. Presence of predominantly axial cervical, thoracic, or lumbar pain (C2 - C3 to L5 - S1);

   B. Pain has persisted for at least three (3) months;

   C. In the past three (3) months pain has persisted despite at least four (4) weeks of appropriate conservative treatment (e.g., physical therapy, chiropractic care, exercise, medications such as nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics). If conservative treatment is contraindicated, the reason(s) for contraindication(s) is/are required to be documented in the medical record;

   D. Clinical findings and imaging studies suggest no other obvious cause of the axial neck or back pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, or pain related to spinal instrumentation);

   E. The spinal motion segment is not posteriorly fused; **and**

   F. A radiofrequency joint denervation/ablation procedure is being considered.

II. A second diagnostic facet joint injection or medial branch block, performed to confirm the validity of the positive clinical response to the initial facet joint injection or medical branch block is considered **medically appropriate** when **ALL** the following criteria are met:

   A. The facet joint injection or medial branch block is administered at the same level(s) as the initial diagnostic injection;

   B. The initial diagnostic facet joint injection or medial branch block produced a positive response (i.e., at least 80% relief of facet-mediated pain for at least the expected minimum duration of the effect of the local anesthetic); **and**

   C. A radiofrequency joint denervation/ablation procedure is being considered.

III. The first therapeutic facet joint injections/medial branch blocks performed as an alternative treatment to a radiofrequency ablation/neurotomy are considered **medically necessary** when **ALL** the following criteria are met:

A. There has been a documented positive response with two (2) sequential diagnostic facet joint injections/medial branch blocks at the same level(s). Note: a positive response is evidenced by at least 80% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used; **and**

B. The individual is not a candidate for a facet joint radiofrequency denervation/ablation procedure due to **ONE** of the following contraindications:

1. Established spinal pseudoarthrosis at the spinal level intended for treatment, **or**
2. Implanted electrical device (i.e., cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump).

IV. Subsequent therapeutic facet joint injections/medial branch blocks performed alternative treatment to a radiofrequency ablation/neurotomy are considered **medically appropriate** when **ALL** the following criteria are met:

A. Previous therapeutic facet joint injections/medial branch blocks done at the same level(s) resulted in at least 50% pain relief for at least 12 weeks following the facet joint injection/medial branch block;

B. The prior therapeutic facet joint injection/medial branch block at the same level(s) was performed at least six (6) months ago; **and**

C. The individual is not a candidate for a facet joint radiofrequency denervation/ablation procedure due to **ONE** of the following:

1. Established spinal pseudoarthrosis at the spinal level intended for treatment; **or**
2. Implanted electrical device (e.g., cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump).

V. An initial intra-articular facet joint injection* performed with synovial cyst aspiration, is considered **medically appropriate**, when **ALL** the following criteria are met:

A. Advanced diagnostic imaging studies (i.e., magnetic resonance imaging [MRI], computed tomography [CT] scan, CT myelogram) confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst; **and**

B. There is a clinical correlation (based on history and physical examination) with the individual's signs and symptoms of radicular pain or radiculopathy.

*Note: Refer to Policy Guidelines for the exception that a TFESI can be performed on the same day as an intra-articular facet joint injection with synovial cyst aspiration.

VI. If a repeat intra-articular facet joint injection with synovial cyst aspiration is needed the following is required:

A. The previous facet joint injections/medial ranch blocks resulted in at least 50% pain relief for at least 12 weeks following the facet joint injection/medial branch block.

VII. Performance of a facet joint injection or medial branch block is considered **not medically necessary** for **ANY** of the following indications:

A. The injection/block is performed without the use of fluoroscopic or CT guidance;

B. The individual has untreated radiculopathy (other than radiculopathy caused by a facet joint synovial cyst);

C. A radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered;

D. The facet joint injection is performed at a fused posterior spinal motion segment;

E. The injection/block is performed on the same day of service as other invasive modality or procedure (see Policy Guidelines for the exception);

F. Facet joint injections/medial branch blocks are being performed on more than three (3) contiguous spinal joint levels (with the exception of an injection/block being performed above or below the fused posterior spinal motion segment);

G. Repeat/subsequent therapeutic facet joint injections/medial branch blocks in the absence of at least 50% pain relief for at least twelve (12) weeks;

H. An additional diagnostic facet joint injection/medial branch block is being performed at the same level(s) as a prior successful radiofrequency denervation/ablation procedure;

I. The injection/block is of the atlanto-occipital articulation and/or atlanto-axial articulation (above C2-C3 and below L5-S1) as these are not facet joints;

J. The injection/block is performed subsequent to the initial two (2) diagnostic injections (i.e., therapeutic injection), except when performed as an alternative treatment when radiofrequency ablation/neurotomy treatment is contraindicated (see Policy Statements); **or**

K. Clinical findings and imaging studies suggest other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy; foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy; infection; tumor; fracture; pseudoarthrosis; or pain related to spinal instrumentation);

VIII. Facet joint injection/medial branch block is considered **investigational** when **ANY** of the following apply:

A. Injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]) are administered alone or in combination;

B. The injection is performed under ultrasound guidance; **or**

C. The treatment of the L5 - S1 facet joint is used for the diagnosis and/or treatment of sacroiliac joint (SIJ) mediated pain.

RELATED POLICIES

Corporate Medical Policy

2.01.24 Growth Factors for Wound Healing and Other Conditions, which includes platelet rich plasma.

7.01.42 Radiofrequency Facet and Sacroiliac Joint Ablation/Denervation, for requests related to L5 medial nerve branch and sacral lateral nerve branch blocks or ablation/neurotomies.

7.01.115 Epidural Steroid Injections

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

I. This guideline only applies to injections of an anesthetic, corticosteroid, and/or contrast agent and does not apply to injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates that are not in scope of management.

II. A diagnostic facet joint injection or medial branch block is considered positive when there is documentation that the patient reported a response of at least 80% pain relief reported for the duration of the effect of the local anesthetic.

III. The second diagnostic facet joint injections/medial branch blocks should only be performed with the intent that, if successful, a radiofrequency joint denervation/ablation procedure (facet neurotomy, facet rhizotomy) would be considered as an option at the diagnosed level(s).

IV. Only two (2) diagnostic facet joint injections/medial branch blocks are permitted at the same level(s). Note: More than two (2) facet injections/medial branch blocks at the same level and same side are considered to be therapeutic rather than diagnostic and must meet the criteria for therapeutic facet joint injections/medial branch blocks.

V. When criteria have been met, facet joint injections/medial branch blocks are only permitted from levels C2 - C3 to L5 - S1. Note: The facet joint injection/medial branch block applies directly to the facet joint(s) blocked/ablated and not to the number of nerves blocked/ablated that innervate the facet joint(s).

VI. When medical necessity criteria are met, no more than two (2) diagnostic facet joint injections/medial branch blocks may be required to determine whether back pain originates in the facet joint or nerves surrounding the facet joint. The patient's response to the first two injection(s) must be documented. Subsequent facet injections/medial branch blocks are considered therapeutic, rather than diagnostic.

VII. It may be necessary to perform the facet joint injection/medial branch block at the same facet joint level(s) bilaterally; however, no more than three (3) facet joint levels may be injected during the same session/procedure.

VIII. Following a spinal fusion, a diagnostic facet joint injection/medial branch block may be performed immediately above or below the fused level, if a prior injection/block was negative.

IX. Facet joint injections/medial branch blocks should only be performed for either neck pain or low-back pain in the absence of an untreated radiculopathy or radicular pain, or radicular pain or radiculopathy caused by a facet joint synovial cyst.

X. Facet joint injections/medial branch blocks must be performed for facet-mediated pain and not for other indications and not for other indications that are not in scope of management (i.e., third occipital nerve [TON] injection/nerve block for cervicogenic headaches).

XI. Facet joint injections/medial branch blocks are not without risk and can expose individuals to potential complications that may be increased when a patient is sedated. As a result, when performing facet joint injections/medial branch blocks, the use of supplemental sedation in addition to local anesthesia is not required and not recommended.

XII. Requests for subsequent (beyond initial) facet joint injections/medial branch blocks will be evaluated based on the response to the prior facet injection/medial branch block. Therefore, a series of facet joint injections/medial branch blocks at the same level(s) is not permitted in one request.

XIII. Only one invasive modality or procedure will be performed on the same date of service, with the exception of an intra-articular facet joint injection being performed together with a transforaminal epidural steroid injection (TFESI) with synovial cyst aspiration on the same date of service.

DESCRIPTION

Definitions for Facet Joint Injections/ Medial Branch Blocks:

Axial is relating to or situated in the central part of the body, in the head and trunk as distinguished from the limbs, (e.g., axial skeleton).

Cervical facet pain is pain located in the cervical spine, which may be characterized by chronic headaches, restricted motion, and axial neck pain, which may radiate sub-occipitally to the shoulders or mid-back.

Facet joint pain is a set of concurrent signs or symptoms to describe the facet joint as the pain generator. The typical clinical signs or symptoms may include local paraspinal tenderness; pain that is brought about or increased on hyperextension, rotation, and lateral bending; low back stiffness; absence of neurologic deficit; absence of root tension signs (non- radiating below the knee, absence of paresthesia).

Facet (zygapophyseal) joints are paired, diarthrodial synovial joints located between the superior and inferior articular pillars in the posterior spinal column, innervated by medial branch nerves, from C2 - C3 to L5 - S1. Note: The articulations between occiput - atlas (C1) and the atlas (C1) and the axis (C2) and below L5 - S1 (sacrum) are not facet joints.

Facet level is the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint. Each level has a pair of facet joints: one on the right side and one of the left side of the spine.

Facet joint injections/medial branch blocks is the injection of local anesthetic and possibly a corticosteroid in the facet joint capsule (facet joint injection) or along the nerves supplying the facet joints (medial branch block) from C2-C3 to L5-S1. Even though either procedure can be used to diagnose facet joint pain, a medial branch block is generally considered more appropriate. Note: The

injection/block applies directly to the facet joint(s) blocked and not to the number of nerves block that innervate the facet joint(s).

Non-radicular back pain is radiating non-neuropathic pain which pain that is not causally related to a spinal nerve root irritation and does not produce reproducible neuropathic symptoms in an objective dermatomal pattern.

Positive response (to a diagnostic facet joint injection/medial branch block) is at least 80% relief of facet -mediated pain for at least the expected minimum duration of the effect of the local anesthetic used. Note: A response to the first two injection(s) must be documented.

Session is a time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular facet joint injection, and radiofrequency ablation [RFA]) performed on a single date of service.

SUPPORTIVE LITERATURE

Facet Injections

Generally, the outcomes from clinical studies reflect that a diagnostic facet joint injection may assist in determining whether specific interventions targeting the facet joint are indicated; however, there is insufficient evidence to demonstrate that therapeutic facet joint injections are effective in the treatment of back pain.

PROFESSIONAL GUIDELINE(S)

The American Society of Interventional Pain Physicians (ASIPP) issued guidelines for facet joint injections in the management of chronic spinal pain (Manchikanti 2020).

Cohen and colleagues (2020) published a multispecialty, international working groug consensus practice guideline on interventions for lumbar facet joint pain. The expert panel concluded that lumbar medial branch radiofrequency ablation (RFA) may provide benefit to well-selected individuals, with medial branch blocks (MBB) being more predictive than IA injections. More stringent selection criteria are likely to improve denervation outcomes, but at the expense of more false-negatives. Clinical trials should be tailored based on objectives, and selection criteria for some may be more stringent than what is ideal in clinical practice.

Guidelines from the American Pain Society (Chou et al., 2009) note that there is fair-to-good-quality evidence that facet joint injections are not effective.

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).

- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
0213T (E/I)	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance; single level
0214T (E/I)	second level (List separately in addition to code for primary procedure)
0215T (E/I)	third and any additional level(s) (List separately in addition to code for primary procedure)
0216T (E/I)	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T (E/I)	second level (List separately in addition to code for primary procedure)
0218T (E/I)	third and any additional level(s) (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)
64492	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	second level (List separately in addition to code for primary procedure)
64495	third and any additional level(s) (List separately in addition to code for primary procedure)

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Multiple Code	

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Facet Joint Interventions for Pain Management (LCD L35936) [accessed 2025 Feb 19]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION

Committee Approval Dates	
03/20/25	
Date	**Summary of Changes**
03/20/25	• New Policy created due to the splitting of policy content of CMP#7.01.87 into CMP#7.01.115 & CMP#7.01.116. No change to original policy criteria.
01/01/25	• Summary of changes tracking implemented.
03/20/25	• Original effective date