BENEFIT COVERAGE POLICY

Title: BCP-74 Facet Joint Injections and Facet Neurotomy for Pain Management

Effective Date: 07/01/2020

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan considers facet injections (intra-articular and medial branch blocks) as medically necessary in the diagnosis of facet pain in persons with severe chronic neck and back pain when criteria are met.

Health plan considers non-pulsed radiofrequency facet neurotomy (also known as facet denervation, facet rhizotomy, or articular rhizolysis) as medically necessary for treatment of members with chronic cervical or back pain when criteria are met.

Prior approval is required for all dates of service for facet joint injections and facet neurotomies.

It may be necessary to perform the procedure at the same level(s) bilaterally; however, no more than three levels should be performed during the same session/ procedure. Therefore, no more than six units may be approved for the same date of service.

More than two dates of service for facet injections/medial branch blocks performed at the same level(s), same side, during a rolling calendar year are considered to be therapeutic rather than diagnostic.

Pain management services received from Non-Network providers may not be covered.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

MCG references available upon request.

2.0 Background:

A facet block is an injection of local anesthetic and/or steroids into or near the facet joint of the spine from C2-3 to L5-S1. Degenerative changes in the posterior lumber facet joints have been established as a source of low back pain (LBP) that may radiate to the leg. Pain impulses from the medial branches of lumbar dorsal rami can be interrupted by blocking these nerves with anesthetic (facet block) or coagulating them with a radiofrequency wave (radiofrequency facet denervation).

Typically, facet joint blocks are performed as a part of a work-up for back or neck pain. Pain relief following a precise injection of local anesthetic confirms the facet joint as the source of pain. Based on the outcome of a facet joint nerve block, if the patient gets sufficient relief of pain but the pain recurs, denervation of the facet joint may be considered.

Percutaneous radiofrequency facet denervation, also known as radiofrequency facet joint rhizotomy or facet neurotomy, involves selective denervation using radiofrequency under fluoroscopic guidance. As a method of neurolysis, radiofrequency facet denervation has been shown to be a very safe procedure and can offer relief for many patients with mechanical LBP in whom organic pathology, most commonly a herniated lumbar disc, has been eliminated.

According to the literature, it offers advantages over conventional neurolytic agents (e.g., phenol, alcohol, and hypertonic saline) because of its long-lasting effects, the relative lack of discomfort, and its completely local action without any random diffusion of the neurolytic agent. Because there are no reliable clinical signs that confirm the diagnosis, successful relief of pain by injections of an anesthetic agent into the joints are necessary before proceeding with radiofrequency facet denervation. Results from many studies have shown that radiofrequency facet denervation results in significant (excellent or good) pain relief, reduced use of pain medication, increased return-to-work, and is associated with few complications. Success rate, however, depends on a careful selection of patients.

3.0 Clinical Determination Guidelines:

A. A diagnostic facet joint injection/medial branch block is considered medically necessary to determine whether chronic neck or back pain is of facet origin when ALL the following criteria met:

   1. Pain has persisted despite at least four weeks of appropriate conservative treatment (e.g., physical therapy, spinal manipulation therapy and exercise, or nonsteroidal anti-inflammatory medication (NSAIDs), and/or analgesics) unless contraindicated and the reason(s) for contraindication(s) is/are documented in the medical record.

   2. Clinical findings and imaging studies suggest no other obvious cause of the pain (e.g., infection, tumor, or fracture).

   3. Member has not exceeded two dates of service for facet injections/medical branch blocks, performed at the same level(s), same side, during a rolling calendar year.

B. A facet joint injection/medial branch block can be used as an alternative treatment to a radiofrequency ablation/neurotomy for a subset of individuals when ALL the following criteria are met:

   1. The initial facet joint injection/medial branch block has resulted in significant pain relief (i.e., more 50%) for a least 12 weeks following the facet joint injection/medial branch block.

   2. The individual is not a candidate for a radiofrequency joint denervation/ablation procedure. For this specific subset of individuals, a repeat facet joint injection may be considered appropriate, although no sooner than six months from then the prior diagnostic injection was performed.

C. Facet joint injections/medial branch blocks are not considered medically necessary for ANY of the following:

   1. Injectates other than anesthetic, corticosteroid, and/or contrast agent are used, (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.).

   2. Performed without the use of fluoroscopic or CT guidance.

3. Performed in the presence of an untreated radiculopathy (with the exception of radiculopathy caused by a facet joint synovial cyst).

4. When a radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered.

5. The facet joint injection is performed at a fused posterior spinal motion segment (with the exception of patients with clinically suspected pseudoarthrosis).

6. Performance of injections/blocks on more than three contiguous spinal joint levels (with the exception of an intervening fused segment).

D. Initial facet neurotomy may be indicated when ALL the following are present:

1. Chronic spinal pain (at least three months' duration) originating from cervical spine (e.g., following whiplash injury) and/or lumbar spine.

2. Pain has persisted despite at least three types of appropriate conservative treatment (e.g., physical therapy, spinal manipulation therapy and exercise, or nonsteroidal anti-inflammatory medication (NSAIDs), and/or analgesics) unless contraindicated and the reason(s) for contraindication(s) is/are documented in the medical record.

3. Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves achieve at least 80% pain relief from baseline pain scores.

4. Imaging studies have ruled out other causes of spinal pain (e.g., fracture, tumor).

E. Repeat facet neurotomies at the same level, on the same side(s) for treatment of chronic back or neck pain is medically necessary when ALL the following are met:

1. At least six months have elapsed since the previous facet neurotomy. At least 50% pain relief from baseline pain scores with associated functional improvement for at least 10 weeks following the previous treatment.

F. Performance of a radiofrequency joint denervation/ablation for ANY of the following indications is considered not medically necessary:

1. When performed without the use of fluoroscopic guidance.

2. Performing more than two procedures at the same level(s) during a 12-month period of time.

3. In the absence of two sequential positive diagnostic facet joint injections/medial branch blocks at the same level(s) for an initial radiofrequency treatment, or for a repeat radiofrequency treatment in the absence of at least 50% relief of facet mediated pain for at least six months from a previous radiofrequency treatment at the same level(s).

4. When performed for neck pain or low back pain in the presence of an untreated radiculopathy.

5. When performed at a posteriorly fused spinal motion segment (with the exception of patients with clinically suspected pseudoarthrosis).

6. When performed on more than three contiguous spinal joint levels during the same session/procedure).

7. When performed to treat pain arising from above C2-3 and below L5-S1 spinal levels.

G. Performance of radiofrequency joint neurotomies/ablation for ANY of the following indications is considered experimental, investigational, or unproven:

1. Endoscopic radiofrequency denervation/ endoscopic dorsal ramus rhizotomy.
2. Pulsed radiofrequency ablation for chronic pain syndromes.
3. Cryoablation, cryoneurolysis, cryodenervation.
4. Chemical ablation (e.g., alcohol, phenol, glycerol).
5. Laser ablation.
6. Ablation by any method of sacroiliac (SI) joint pain.
7. Cooled radiofrequency ablation.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only.

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Reference**
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	Y	Benefits and Coverage; Pain Management
64491	…second level	Y	Benefits and Coverage; Pain Management
64492	…third and any additional level(s)	Y	Benefits and Coverage; Pain Management
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	Y	Benefits and Coverage; Pain Management Services
64494	…second level	Y	Benefits and Coverage; Pain Management
64495	…third and any additional level(s)	Y	Benefits and Coverage; Pain Management
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Y	Benefits and Coverage; Pain Management
64634	…cervical or thoracic, each additional facet joint	Y	Benefits and Coverage; Pain Management
64635	…lumbar or sacral, single facet joint	Y	Benefits and Coverage; Pain Management
64636	… lumbar or sacral, each additional facet joint (List separately in addition to code for	Y	Benefits and Coverage; Pain Management

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Reference**
	primary procedure)		
64999	Unlisted procedure, nervous system	Y	Benefits and Coverage; Pain Management

NON-COVERED CODES		
Code	**Description**	**Benefit Plan Reference/Reason**
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Experimental, Investigational, or Unproven
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)	Experimental, Investigational, or Unproven
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)	Experimental, Investigational, or Unproven
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Experimental, Investigational, or Unproven
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)	Experimental, Investigational, or Unproven
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)	Experimental, Investigational, or Unproven

4.0 Unique Configuration/Prior Approval/Coverage Details:

Plans with no specific reference to pain management include at least network coverage.

5.0 Terms & Definitions:

Chemonucleolysis – Injection of chymopapain or other enzyme in an intervertebral disk that dissolves the gelatinous cushioning material

Cuada equina ("horse's tail") – Name given to the lumbar and sacral nerve roots within the dural sac caudal to the conus medullaris. Cuada equine syndrome is usually the results of a ruptured, midline intervertebral disk, most commonly occurring at the level of L4 to L5. However, tumors and other compressive masses may also cause this syndrome. Symptoms are progressive consisting of urinary

incontinence or retention, fecal incontinence, impotence, distal motor weakness and sensory loss in a saddle distribution.

Epidural steroid injection **–** An injection of long lasting steroid in the epidural space, the area which surrounds the spinal cord and the nerves coming out of it

Facet block – An injection of a local anesthetic and/or steroids into or near the facet joint of the spine.

Percutaneous radiofrequency facet denervation (facet joint rhizotomy or facet neurotomy) **-**Selective denervation using radiofrequency under fluoroscopic guidance. Shown to be very safe and can offer relief for patients with mechanical low back pain when a herniated lumbar disc has been ruled out. Successful relief of pain by injections of an anesthetic agent into the joints is necessary before proceeding with this procedure.

Trigger point – A specific point or area where, if stimulated by touch or pressure, a painful response will be induced.

Trigger point injections – Injections of local anesthetic, saline, and/or steroids into trigger points with the objective to provide fast pain relief and eliminate muscle spasms to break the pain cycle which facilitates physical therapy aimed at reducing muscle contracture and increasing range of motion.

6.0 References, Citations & Resources:

1. American Academy of Orthopaedic Surgeons, OrthoInfo – Spinal Injections. December 2013. Available at: http://orthoinfo.aaos.org/topic.cfm?topic=A00560.

7.0 Associated Documents [For internal use only]:

Standard Operating Procedure (SOP) – MM-03 Benefit Determinations, MM-55 Peer-to-Peer Conversations, SOP 007 Algorithm for Use of Criteria for Benefit Determinations.

Sample Letter – TCS Approval Letter, Clinically Reviewed Exclusion Letter, Specific Exclusion Denial Letter, Request for Additional Information Letter.

Form – Request Form: Out of Network/ Prior Authorization.

8.0 Revision History

Original Effective Date: 03/10/2001

Next Revision Date: 07/01/2021

Revision Date	Reason for Revision
August 2015	Revised Clinical Determination Guidelines. Added: ICD-9 and ICD-10 codes, Terms Associated with Services and Cigna as a resource.
December 2015	Added criteria for Facet injections, ICD-9 codes deleted
August 2015	Revised Clinical Determination Guidelines. Added: ICD-9 and ICD-10 codes, Terms Associated with Services and Cigna as a resource.
December 2016	Annual review: removed references to Medicaid/DHHS, removed disc degeneration and spondylolisthesis from A.4, updated references and resources.
November 2017	Updated review: changed 50% relief to “significant relief.” Revised length of conservative treatment from 6 to 3 months. New technology codes added (0213T – 0218T) Updated references and websites.
March 2018	Removed clinical criteria, reference MCG guidelines for benefit determination. Code coverage based on MCG guideline with prior approval. Title changed from rhizotomy to neurotomy.
June 2019	Annual review; no changes in BCC, approved by QI/MRM 8/14/19.
January 2020	Annual review; remove reference to MCG criteria for facet injections, added Sec. 3.0 A. – H.