Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34993)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>J - E</td>
<td>American Samoa Guam Hawai Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>American Samoa Guam Hawai Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>J - E</td>
<td>American Samoa California - Entire State Guam Hawai Nevada Northern Mariana Islands</td>
</tr>
</tbody>
</table>

LCD Information

Document Information

Created on 03/02/2020. Page 1 of 11
**LCD Title**
Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**
CPT codes, descriptions and other data only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2019 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

**CMS National Coverage Policy**
Created on 03/02/2020. Page 2 of 11
Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Introduction:

This policy does not address sacral conditions or injections or neurotomies.

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. **Hence, ongoing coverage requires outcomes reporting as described in this LCD to allow future analysis of clinical efficacy.**

Definitions

- 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), intra-articular 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.
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 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 intra-articular (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 intra-articular (IA) facet joint injections and medial branch blocks (see criteria below) may be acceptably performed without steroids.

**Provider Qualifications**

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.

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.

- Intra-articular 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 intra-articular 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, intra-articular 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 intra-articular 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.

- Intra-articular and/or extraarticular facet joint prolotherapy is not covered.

Summary of Evidence

NA

Analysis of Evidence
(Rationale for Determination)

NA

General Information

Associated Information
Sources of Information

Lumbar Reference


Cervical References:


Bibliography

NA

Revision History Information

<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2019</td>
<td>R10</td>
<td>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
<td>• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)</td>
</tr>
</tbody>
</table>

Created on 03/02/2020. Page 8 of 11
<table>
<thead>
<tr>
<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2019</td>
<td>R9</td>
<td>12/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>• Provider Education/Guidance&lt;br&gt;• Revisions Due To Code Removal</td>
</tr>
<tr>
<td>11/02/2016</td>
<td>R8</td>
<td>01/11/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Under General General Requirements, clarified 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.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
<tr>
<td>11/02/2016</td>
<td>R7</td>
<td>This final LCD, effective 11/02/2016, combines JEA L34992 into the JEB LCD L34993 so that both JEA and JEB contract numbers will have the same final MCD LCD number L34993. Coverage will remain the same as the coverage effective 10/01/2015.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R6</td>
<td>R6 LCD revised to add ICD-10-CM codes M47.891, M47.892, M47.894, M47.895, M47.896, M47.897, M47.898, M46.81, M46.82, M46.83, M46.84, M46.85, M46.86, M46.87, M46.88 and M46.89.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R5</td>
<td>R5 LCD revised to add ICD-10 code M71.38, the statement in the Group 2 Paragraph: &quot;Note the following Category III and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
</tr>
<tr>
<td>REVISION HISTORY DATE</td>
<td>REVISION HISTORY NUMBER</td>
<td>REVISION HISTORY EXPLANATION</td>
<td>REASON(S) FOR CHANGE</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R4</td>
<td>The LCD revised to add M53.81* for &quot;Use for Occipital headache with CPT codes 64490 and 64633 only&quot;.</td>
<td>Jurisdiction&lt;br&gt;• Revisions Due To ICD-10-CM Code Changes</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>Clarification of the term “year” using “rolling 12 month” under Limitations of Coverage; Removal of the term injection in the phrase “injection session” under General Procedure Requirements to decrease ambiguity.</td>
<td>Provider Education/Guidance</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R2</td>
<td>The &quot;Coverage Indications, Limitations and/or Medical Necessity&quot; section is revised under the following headings: General Procedure Requirements, Diagnostic Facet Joint Injections and Therapeutic Injections.</td>
<td>Provider Education/Guidance</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>The LCD is revised to add ICD10 M71.30. Also, the &quot;Coverage Indications, Limitations and/or Medical Necessity&quot; section under &quot;Indications&quot;, second bullet is revised from: &quot;Pain is predominantly axial and not associated with radiculopathy or neurogenic claudication&quot; to &quot;Pain is predominantly axial and, with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication&quot;.</td>
<td>Reconsideration Request</td>
</tr>
</tbody>
</table>

**Associated Documents**

**Attachments**

N/A
Related Local Coverage Documents

Article(s)
A57727 - Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/27/2020 with effective dates 12/01/2019 - N/A
Updated on 11/25/2019 with effective dates 12/01/2019 - N/A
Updated on 01/11/2018 with effective dates 11/02/2016 - 11/30/2019
Updated on 10/31/2016 with effective dates 11/02/2016 - N/A
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Facet
- Joint
- Injection