

**Centers for Medicare & Medicaid Services**

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**Local Coverage Determination (LCD):  
Facet Joint Injections, Medial Branch Blocks, and Facet Joint  
Radiofrequency Neurotomy (L35996)**

**Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05101 - MAC A	J - 05	Iowa
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05102 - MAC B	J - 05	Iowa
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05201 - MAC A	J - 05	Kansas
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05202 - MAC B	J - 05	Kansas
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05401 - MAC A	J - 05	Nebraska
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05402 - MAC B	J - 05	Nebraska
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05901 - MAC A	J - 05	Alaska Alabama Arkansas Arizona California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Iowa Idaho Illinois Indiana Kansas Kentucky Louisiana Massachusetts Maryland Maine Michigan Missouri - Entire State Mississippi Montana North Carolina North Dakota Nebraska New Hampshire

				New Jersey New Mexico Nevada Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Virginia Vermont Washington Wisconsin West Virginia Wyoming
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	08101 - MAC A	J - 08	Indiana
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	08102 - MAC B	J - 08	Indiana
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	08201 - MAC A	J - 08	Michigan
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	08202 - MAC B	J - 08	Michigan

## LCD Information

### Document Information

**LCD ID**  
L35996

**LCD Title**  
Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy

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

**Source Proposed LCD**  
[DL35996](#)

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**Original Effective Date**  
For services performed on or after  
10/01/2015

**Revision Effective Date**  
For services performed on or after  
05/01/2018

**Revision Ending Date**  
N/A

**Retirement Date**  
N/A

**Notice Period Start Date**  
08/01/2015

**Notice Period End Date**  
09/15/2015

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## **CMS National Coverage Policy**

CMS Pub 100-08 *Medicare Claims Processing Manual*, Chapter 13 – Local Coverage Determinations, Section 13.5.1 - Reasonable and Necessary Provisions in LCDs.

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## **Coverage Guidance**

### **Coverage Indications, Limitations, and/or Medical Necessity**

#### **Introduction:**

This policy does not address sacral conditions or injections or neurotomies. Sacral injections, identified on the claim by the ICD-10 codes M43.27, M43.28, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, are not subject to the requirements of this LCD.

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), intraarticular injections (IA), facet cyst ruptures, and radiofrequency (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 medial branch blocks (MBB) or intra-articular injections (IA). Neither physical exam nor imaging has adequate diagnostic power to confidently distinguish the facet joint as the pain source.
- All time intervals are determined on a rolling basis. For example, the limitation of coverage to five sessions in a year refers to a rolling 12-month period. The year begins with the first session and completes one year later. The next rolling year begins with the first session after completion of the preceding rolling year.

#### **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.
- 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 2 ml for therapeutic. For a third occipital nerve block, up to 1.0 ml is allowed for diagnostic and 2 ml 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 injection *session*.
- Both diagnostic and therapeutic 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 Pub. 100-8, *Program Integrity Manual*, Chapter 13, Section 13.5.1 underscores this point and states that "*reasonable and necessary*" services must be "*ordered and 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/Prognostic Blocks for Facet Joint Pain**

- A series of two MBBs is necessary to estimate the result of a RFA of the innervation of the facet joint. Single MBBs appear to have an unacceptably high false positive rate.
- A second confirmatory MBB is allowed if documentation indicates the first MBB produced  $\geq 80\%$  relief of primary (index) pain and duration of relief is consistent with the agent employed.
- An intra-articular facet joint injection will not be reimbursed as a prognostic test for RFA unless MBBs 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  $\geq 80\%$  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  $\geq 50\%$  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 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 12-month period, 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.

#### **Summary of Evidence**

N/A

#### **Analysis of Evidence (Rationale for Determination)**

N/A

## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

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	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; 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	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE FACET JOINT

64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

ICD-10 CODES	DESCRIPTION
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M62.830*	Muscle spasm of back
M71.30	Other bursal cyst, unspecified site

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: M62.830\* Use for FACET SYNDROME ONLY

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

**ICD-10 Additional Information**

N/A

**General Information**

**Associated Information**

**Documentation Requirements:**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

**Sources of Information**

**Lumbar References:**

Bogduk, N., Dreyfuss, P., & Govind, J. (2009). A narrative review of lumbar medial branch neurotomy for the treatment of back pain. *Pain Medicine*. 10(6):1035-1045.

Lord, SM., Barnsley, L., & Bogduk, N. (1995). The utility of comparative local anesthetic blocks versus placebo-controlled

blocks for the diagnosis of cervical zygapophysial joint pain. *The Clinical Journal of Pain*. 11(3):208-213.

MacVicar, J., Borowczyk, JM., MacVicar, AM., Loughnan, BM., & Bogduk, N. (2013). Lumbar medial branch radiofrequency neurotomy in New Zealand. *Pain Medicine*. 14(5):639-645.

Nath, S., Nath CA., & Pettersson, K. (2008). Percutaneous lumbar zygapophysial (facet) joint neurotomy using radiofrequency current, in the management of chronic low back pain: a randomized double-blind trial. *Spine*. 33(12):1291-1298.

Schofferman, J., & Kine, G. (2004). Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine*. 29(21):2471-2473.

Tekin, I., Mirzai, H., Ok, G., Erbuyun, K., & Vatanserver, D. (2007). *The Clinical Journal of Pain*. 23(6):524-529.

van Kleef, M., Barendse, GA., Kessels, A., Voets, HM., Weber, WE., & de Lange, S. (1999). Randomized trial of radiofrequency lumbar facet denervation for chronic low back pain. *Spine*. 24(18):1937-1942.

**Cervical References:**

Govind, J., King, W., Bailey, B., & Bogduk, N. (2003). Radiofrequency neurotomy for the treatment of third occipital headache. *Journal of Neurology, Neurosurgery and Psychiatry*. 74(1):88-93.

Husted, DS., Orton, D., Schofferman, J., & Kine, G. (2008). Effectiveness of repeated radiofrequency neurotomy for cervical facet joint pain. *Journal of Spinal Disorders and Techniques*. 21(6):406-408.

MacVicar, J., Borowczyk, JM., MacVicar, AM., Loughnan, BM., & Bogduk, N. (2012). Cervical medial branch radiofrequency neurotomy in New Zealand. *Pain Medicine*. 13(5):647-654.

**Bibliography**

N/A

**Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
05/01/2018	R5	05/01/2018 Annual review done 04/03/2018 with no change in coverage. Punctuation and format corrections completed. 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.	<ul style="list-style-type: none"> <li>Other (Annual Review )</li> </ul>
07/01/2017	R4	07/01/2017 Annual review done 05/31/2017 with no change in coverage. Under Definitions, added sentence offering clarification to 12 month period for Provider Education/Guidance. Typographical error corrected. Updated IOM verbiage referencing Reasonable and Necessary Provisions in LCDs.	<ul style="list-style-type: none"> <li>Other (Annual Review )</li> </ul>
04/01/2016	R3	07/01/2016 Annual review no change in coverage.	<ul style="list-style-type: none"> <li>Other (Maintenance annual review)</li> </ul>
04/01/2016	R2	04/01/2016 Removed CAC information, no change in coverage.	<ul style="list-style-type: none"> <li>Other</li> </ul>
11/01/2015	R1	11/01/2015 Under Limitations of coverage removed "any calendar year" and replaced it with "any 12 month period" for clarification.	<ul style="list-style-type: none"> <li>Other</li> </ul>

## **Associated Documents**

### **Attachments**

N/A

### **Related Local Coverage Documents**

Article(s)

[A54561 - Response to Comments: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy L35996](#)

### **Related National Coverage Documents**

N/A

### **Public Version(s)**

Updated on 04/17/2018 with effective dates 05/01/2018 - N/A

[Updated on 06/20/2017 with effective dates 07/01/2017 - 04/30/2018](#)

Some older versions have been archived. Please visit the to retrieve them.

## **Keywords**

N/A

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