

# Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34995)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

## LCD Information

### Document Information

**LCD ID**

L34995

**Original Effective Date**

For services performed on or after 10/01/2015

**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

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**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

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## **CMS National Coverage Policy**

N/A

### **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  $\geq 80\%$  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  $\geq 80\%$  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, 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**

N/A

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

N/A

# General Information

## Associated Information

N/A

## Sources of Information

### Lumbar Reference

1. Bogduk N, Dreyfuss P, Govind J. A Narrative Review of Lumbar Medial Branch Neurotomy for the Treatment of Back Pain. *Pain Med.* 2009;10:1035-1045
2. Lord SM, Barnsley L, Bogduk N. The utility of comparative local anesthetic blocks versus placebo-controlled blocks for the diagnosis of cervical zygapophysial joint pain. *Clin J Pain.* 1995 Sep;11(3): 208-213.
3. MacVicar J, Borowczyk J, MacVicar A, et al. Lumbar medial branch radiofrequency neurotomy in New Zealand. *Pain Medicine* 2013; 14: 639–645
4. Nath S, Nath CA, Pettersson K. Percutaneous lumbar zygapophysial (facet) joint neurotomy using radiofrequency current, in the management of chronic low back pain. A randomized double-blind trial. *Spine* 2008;33:1291–1297.
5. Schofferman J, Kine G. Effectiveness of repeated radiofrequency neurotomy for lumbar facet pain. *Spine* 2004;29: 2471–2473.
6. Tekin I, Mirzai H, Ok G, Erbuyun K, Vatansever D. A comparison of conventional and pulsed radiofrequency denervation in the treatment of chronic facet joint pain. *Clin J Pain* 2007;23: 524–529.
7. Van Kleef M, Barendse GA, Kessels A, et al. Randomized trial of radiofrequency lumbar facet denervation for chronic low back pain. *Spine* 1999; 24: 1937-1942.

### Cervical References:

1. Govind J, King W, Bailey B, et al. Radiofrequency neurotomy for the treatment of third occipital headache. *J Neurol Neurosurg Psychiat* 2003;74:88–93.
2. Husted DS, Orton D, Schofferman J, et al. Effectiveness of repeated radiofrequency neurotomy for cervical facet joint pain. *J Spinal Disord Tech* 2008;21:406–8.
3. MacVicar J, Borowczyk J, MacVicar A, et al. Cervical medial branch radiofrequency neurotomy in New Zealand. *Pain Medicine* 2012; 13: 647–654

## Bibliography

N/A

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R10	The LCD is revised to remove CPT/HCPCS codes in the	<ul style="list-style-type: none"><li>• Other (The LCD is revised to remove</li></ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Keyword Section of the LCD.</p> <p>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.</p>	<p>CPT/HCPCS codes in the Keyword Section of the LCD. )</p>
12/01/2019	R9	<p>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.</p> <p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To Code Removal</li> </ul>
11/02/2016	R8	<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
11/02/2016	R7	<p>This final LCD, effective 11/02/2016, combines JFA L35178 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number L34995. Coverage will remain the same as the coverage effective 10/01/2015.</p>	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
10/01/2015	R6	<p>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.</p>	<ul style="list-style-type: none"> <li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li> </ul>
10/01/2015	R5	<p>R5 LCD revised to add ICD-10 code M71.38, the statement in the Group 2 Paragraph: "Note the following Category III codes are considered non-covered. Please refer to the</p>	<ul style="list-style-type: none"> <li>• Reconsideration Request</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		statement, "Facet joint interventions performed under ultrasound guidance will not be reimbursed" under General Procedure Requirements in the Coverage Indications, Limitations and/or Medical Necessity section above" and added the Category III CPT Codes 0213T-0218T to the Group 2 Codes. Note that Noridian is aware 0213T-0218T were listed in the coverage CPT Category III Non Covered and Covered Codes article but would also like to point out that they are noted as approved when, "all CMS and Noridian requirements are met, including medical records' documentation of medical necessity". This LCD specifically stated "Facet joint interventions performed under ultrasound guidance will not be reimbursed". The CPT Category III Non Covered and Covered Codes coverage article will be updated accordingly.	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R4	The LCD revised to add M53.81* for "Use for Occipital headache with CPT codes 64490 and 64633 only".	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R3	Clarification of the term "year" using "rolling 12 month" under Limitations of Coverage; Removal of the term injection in the phrase "injection <i>session</i> " under General Procedure Requirements to decrease ambiguity.	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
10/01/2015	R2	The "Coverage Indications, Limitations and/or Medical Necessity" section is revised under the following headings: General Procedure Requirements, Diagnostic Facet Joint Injections and Therapeutic Injections.	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
10/01/2015	R1	The LCD is revised to add ICD10 M71.30. Also, the "Coverage Indications, Limitations and/or Medical Necessity" section under "Indications", second bullet is revised from: "Pain is predominantly axial and not associated with radiculopathy or neurogenic claudication" to "Pain is predominantly axial and, with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication".	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A57728 - 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 01/29/2020 with effective dates 12/01/2019 - N/A

Updated on 11/25/2019 with effective dates 12/01/2019 - N/A

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

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## **Keywords**

N/A