

Facet Joint Procedures

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses Facet Joint Procedures of the spine.

Description & Definitions:

Facet Joint Procedures are located between the bones of spines. Procedures to the joints include joint ablation/denervation, arthroplasty and hardware placement or removal.

Criteria:

Facet Joint procedures are considered medically necessary for **1 or more** of the following:

- **Facet joint injection** may be indicated for **1 or more** of the following:
 - Initial injection (Diagnostic) (medial branch nerve block, intra-articular injection) needed to confirm facet joint as source of severe chronic neck and back pain from C2-3 to L5-S1 spinal pain, as indicated by **ALL of the** following:
 - Absence of neurological concerns
 - Pain confirmed on physical exam
 - Imaging (i.e. X-ray) studies do not identify other indications
 - Activities of daily living have been affected/limited by pain
 - Pain has been present greater than 3 months
 - Failed conservative treatment of at least 6 weeks
 - Radiofrequency facet neurotomy is being considered
 - No more than 3 levels of facet joint session
 - Symptoms of pain should be **1 or more** of the following:
 - Aggravated by extension
 - Aggravated by side bending or twisting

- Second confirmatory diagnostic injection block (dual diagnostic blocks are necessary to diagnose facet pain) if documentation indicates first diagnostic block produced 80% or greater relief of primary (index) pain, and duration of relief is consistent with agent employed
- **Therapeutic steroid facet joint injection (IA)** as indicated by **1 or more** of the following:
 - Initial injection, as indicated by **ALL of the** following:
 - Individual has had 2 medically reasonable and necessary diagnostic facet joint procedures.
 - Each diagnostic procedure provided $\geq 80\%$ relief of primary (index) pain, and duration of relief was consistent with agent used.
 - Individual is not candidate for radiofrequency ablation (RFA) (such as established spinal pseudarthrosis, implanted electrical device).
 - Subsequent injection at same anatomic site, as indicated by **ALL of the following**:
 - Individual met criteria for initial therapeutic facet joint injection.
 - Initial therapeutic joint injection was effective, as indicated by **1 or more** of the following:
 - Individual experienced $\geq 50\%$ pain relief for ≥ 3 months from prior therapeutic procedure.
 - Individual experienced $\geq 50\%$ improvement in ability to perform previously painful movements and ADLs as compared to baseline measurement using same scale.
 - Individual has not had more than 3 therapeutic facet joint (AI) sessions per covered spinal region performed in prior rolling 12 months.
- **Radiofrequency facet neurotomy** may be indicated when **ALL of the following** are present:
 - Chronic spinal pain (at least 3 months' duration) originating from **1 or more** of the following:
 - Cervical spine (eg, following whiplash injury)
 - Thoracic spine
 - Lumbar spine
 - Failure of nonoperative management, as indicated by **1 or more** of the following:
 - Exercise program
 - Pharmacotherapy
 - Physical therapy or spinal manipulation therapy
 - Fluoroscopically guided controlled local anesthetic blocks of medial branches of dorsal spinal nerves achieve at least 80% pain relief from baseline pain scores
 - Imaging studies and physical examination have ruled out other causes of spinal pain (eg, herniated disk, spinal stenosis, fracture, tumor)
 - Limited number of prior facet neurotomies as indicated by **1 or more** of the following:
 - No prior history of facet neurotomy
 - Prior history of successful facet neurotomy (50% or more reduction in pain documented for at least 3 months)
 - No coagulopathy
 - No current infection
 - Individual has not had more than one radiofrequency facet neurotomy session per covered spinal region performed in prior rolling 6 42 months.
- **Intra-articular (IA) facet joint injection** with synovial cyst aspiration, as indicated by **1 or more** of the following:
 - Initial procedure, as indicated by **ALL of the** following:
 - Advanced diagnostic imaging study (eg, MRI/CT/myelogram) confirms compression or displacement of corresponding nerve root by facet joint synovial cyst.
 - Documentation includes all symptoms including clinical and physical associated with synovial facet cyst
 - Single repeat cyst aspiration/rupture for individual who experienced $\geq 50\%$ or more consistent improvement in pain for at least 3 months

Facet Joint Procedures are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- ACADIA Facet Replacement System (Facet Solutions/Globus Medical) **0202T**
- Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indications
- Cryoablation (Cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain **64999**
- Epidural injections of lytic agents (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications
- Epidural steroid injections for the treatment of non-radicular low back pain
- Epiduroscopy (including spinal myeloscopy, Percutaneous, endoscopic epidural lysis) (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications
- Facet chemodenervation/chemical facet neurolysis
- Facet chemodenervation/chemical facet neurolysis **64999**
- Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine) **0219T thru 0222T**
- Functional anesthetic discography (FAD)
- Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) using ultrasound guidance **0213T thru 0218T**
- Intercostal nerve blocks for intercostal neuritis
- Intradiscal steroid injections
- Laser facet denervation **64999**
- Percutaneous lysis of epidural adhesions using solution injection
- Posterior Vertebral (facet) Joint Replacement **0719T**
- Racz procedure (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications
- Total Facet Arthroplasty System (TFAS) (Archus Orthopedics) **0202T**
- Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis **0202T**

Coding:

Medically necessary with criteria:

Coding	Description
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)

Considered Not Medically Necessary:

Coding	Description
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
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)
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)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
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)
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)
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
0719T	Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days

62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: July, October, November
- 2020: September
- 2016: April
- 2015: February, May, September
- 2014: January, June, August, November
- 2013: May, June
- 2012: February, May
- 2011: May, June, November
- 2010: May
- 2009: May
- 2008: May
- 2006: October
- 2004: September
- 2002: August

Reviewed Dates:

- 2023: July
- 2021: September
- 2019: April
- 2018: November
- 2017: December
- 2016: May
- 2014: May
- 2010: April
- 2007: December
- 2005: February, October
- 2004: July
- 2003: July

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- May 2002

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522facet%2520joint%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%2522>

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Chou, R. (2021, Jun 10). Subacute and chronic low back pain: Nonsurgical interventional treatment. Retrieved Jul 05, 2023, from UpToDate: https://www.uptodate.com/contents/subacute-and-chronic-low-back-pain-nonsurgical-interventional-treatment?search=Facet%20Joint%20&usage_type=default&source=search_result&selectedTitle=2~56&display_rank=2#H18

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Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice,

although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Facet Joint Procedures, SHP Surgical 119, facet joint pain, Cryoablation, cryoanesthesia, cryodenervation, cryoneurolysis, cryosurgery, Facet chemodenervation, chemical facet neurolysis, Facet joint implantation, Total Posterior-element System, TOPS, Premia Spine, Total Facet Arthroplasty System, TFAS, ACADIA Facet Replacement System, Laser facet denervation, spinal stenosis