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SHP Facet Joint Procedures

AUTH: SHP Surgical 119 v5 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review including but not limited to the following:
 - Cryoablation (Cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain
 - Facet chemodenervation/chemical facet neurolysis
 - Laser facet denervation
 - Facet joint implantation (Total Posterior-element System) (TOPS) (Premia Spine)
 - Total Facet Arthroplasty System (TFAS) (Archus Orthopedics)
 - ACADIA Facet Replacement System (Facet Solutions/Globus Medical)
 - Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis
 - Posterior Vertebral (facet) Joint Replacement
 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) using ultrasound guidance
- There is insufficient scientific evidence to support the medical necessity of Facet Joint Procedures for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- 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 ≥ 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 ≥ 50% pain relief for ≥ 3 months from prior therapeutic procedure
 - Individual experienced ≥ 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)
 - 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 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 ≥ 50% or more consistent improvement in pain for at least 3 months
- Facet Joint Procedures are **NOT COVERED** for **ANY** of the following
 - Cryoablation (Cryoanesthesia, cryodestruction, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain
 - Facet chemodenervation/chemical facet neurolysis
 - Laser facet denervation
 - Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine)
 - Total Facet Arthroplasty System (TFAS) (Archus Orthopedics)
 - ACADIA Facet Replacement System (Facet Solutions/Globus Medical)
 - Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis
 - Posterior Vertebral (facet) Joint Replacement
 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) using ultrasound guidance

Document History

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- Revised Dates:
 - 2022: July, October
 - 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:
 - 2021: September
 - 2019: April
 - 2018: November
 - 2017: December
 - 2016: May
 - 2014: May
 - 2010: April
 - 2007: December
 - 2005: February, October
 - 2004: July
 - 2003: July
- Effective Date: May 2002

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 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
 - CPT 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)
 - CPT 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)
 - CPT 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
 - CPT 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)
 - CPT 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)
 - CPT 64633 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
 - CPT 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)
 - CPT 64635 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
 - CPT 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)
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 0202T - Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine
 - CPT 0213T - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level

- CPT 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)
- CPT 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)
- CPT 0216T - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
- CPT 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)
- CPT 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)
- CPT 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
- CPT 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
- CPT 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
- CPT 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)
- CPT 0719T - Posterior vertebral joint replacement, including bilateral facetectomy, laminectomy, and radical discectomy, including imaging guidance, lumbar spine, single segment

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