

## BENEFIT COVERAGE POLICY

**Title:** BCP-74 Facet Joint Injections and Percutaneous Neuroablation for Pain Management

**Effective Date:** 04/01/2024

### Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

#### 1.0 Policy:

The Health Plan considers facet injections (intra-articular and medial branch blocks) as medically necessary in the diagnosis of facet pain in persons with severe chronic neck and back pain when InterQual® criteria are met.

The Health plan considers non-pulsed radiofrequency facet neurotomy (also known as facet denervation, facet rhizotomy, or articular rhizolysis) as medically necessary for the treatment of members with chronic cervical or back pain when InterQual® criteria are met.

Prior approval is required for all dates of service for facet joint injections and facet neurotomies.

Pain management services received from non-network providers are not covered.

Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions.

InterQual® references are available upon request.

#### 2.0 Background:

A facet block is an injection of local anesthetic and/or steroids into or near the facet joint of the spine from C2-3 to L5-S1. Degenerative changes in the posterior lumbar facet joints have been established as a source of low back pain (LBP) that may radiate to the leg. Pain impulses from the medial branches of lumbar dorsal rami can be interrupted by blocking these nerves with an anesthetic (facet block) or coagulating them with a radiofrequency wave (radiofrequency facet denervation).

Typically, facet joint blocks are performed as a part of a workup for back or neck pain. Pain relief following a precise injection of local anesthetic confirms the facet joint as the source of pain. Based on the outcome of a facet joint nerve block, if the patient gets sufficient relief of pain but the pain recurs, denervation of the facet joint may be considered.

Percutaneous radiofrequency facet denervation, also known as radiofrequency facet joint rhizotomy or facet neurotomy, involves selective denervation using radiofrequency under fluoroscopic guidance. As a method of neurolysis, radiofrequency facet denervation has been shown to be a very safe procedure and can offer relief for many patients with mechanical LBP in whom organic pathology, most commonly a herniated lumbar disc, has been eliminated.

### 3.0 Clinical Determination Guidelines:

- A. Facet joint injections/medial branch blocks are not considered medically necessary for ANY of the following:
1. Injectates other than anesthetic, corticosteroid, and/or contrast agent are used, (e.g., platelet-rich plasma, stem cells, amniotic fluid, etc.).
  2. Performed without the use of fluoroscopic or CT guidance.
  3. Performed in the presence of an untreated radiculopathy (with the exception of radiculopathy caused by a facet joint synovial cyst).
  4. When a radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered.
  5. The facet joint injection is performed at a fused posterior spinal motion segment (with the exception of patients with clinically suspected pseudoarthrosis).
  6. Performance of injections/blocks on more than three contiguous spinal joint levels (with the exception of an intervening fused segment).
- B. Performance of radiofrequency joint neurotomies/ablation for ANY of the following indications is considered experimental, investigational, or unproven:
1. Endoscopic radiofrequency denervation/endoscopic dorsal ramus rhizotomy.
  2. Pulsed radiofrequency ablation for chronic pain syndromes.
  3. Cryoablation, cryoneurolysis, cryodenervation.
  4. Chemical ablation (e.g., alcohol, phenol, glycerol).
  5. Laser ablation.
  6. Cooled radiofrequency ablation.

### 4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO L0002193.

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
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	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64491	...second level	Y	PCP/specialist visit OR associated services received during a visit

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
			OR professional fees for surgical and medical services
64492	...third and any additional level(s)	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
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	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64494	...second level	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64495	...third and any additional level(s)	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s) with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64634	...cervical or thoracic, each additional facet joint	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64635	...lumbar or sacral, single facet joint	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services
64636	...lumbar or sacral, each additional facet joint (List separately in addition to code for	Y	PCP/specialist visit OR associated services

COVERED CODES			
Code	Description	Prior Approval	Benefit Plan Cost Share Reference
	primary procedure)		received during a visit OR professional fees for surgical and medical services

NON-COVERED CODES		
Code	Description	Benefit Plan Cost Share Reference
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Experimental/Investigational
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)	Experimental/Investigational
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)	Experimental/Investigational
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Experimental/Investigational
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)	Experimental/Investigational
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)	Experimental/Investigational
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance, upper extremity distal/peripheral nerve	Experimental/Investigational

NON-COVERED CODES		
Code	Description	Benefit Plan Cost Share Reference
0441T	...lower extremity distal/peripheral nerve	Experimental/Investigational
0442T	...nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)	Experimental/Investigational

## 5.0 Unique Configuration/Prior Approval/Coverage Details:

Plans with no specific reference to pain management include at least network coverage.

## 6.0 Terms & Definitions:

Chemonucleolysis – Injection of chymopapain or other enzyme in an intervertebral disk that dissolves the gelatinous cushioning material.

Cuada equina (“horse’s tail”) – Name given to the lumbar and sacral nerve roots within the dural sac caudal to the conus medullaris. Cuada equine syndrome is usually the result of a ruptured, midline intervertebral disk, most commonly occurring at the level of L4 to L5. However, tumors and other compressive masses may also cause this syndrome. Symptoms are progressive consisting of urinary incontinence or retention, fecal incontinence, impotence, distal motor weakness, and sensory loss in a saddle distribution.

Epidural steroid injection – An injection of long-lasting steroids in the epidural space, the area that surrounds the spinal cord and the nerves coming out of it

Facet block – An injection of a local anesthetic and/or steroids into or near the facet joint of the spine.

Percutaneous radiofrequency facet denervation (facet joint rhizotomy or facet neurotomy) -Selective denervation using radiofrequency under fluoroscopic guidance. Shown to be very safe and can offer relief for patients with mechanical low back pain when a herniated lumbar disc has been ruled out. Successful relief of pain by injections of an anesthetic agent into the joints is necessary before proceeding with this procedure.

Trigger point – A specific point or area where, if stimulated by touch or pressure, a painful response will be induced.

Trigger point injections – Injections of local anesthetic, saline, and/or steroids into trigger points with the objective to provide fast pain relief and eliminating muscle spasms to break the pain cycle which facilitates physical therapy aimed at reducing muscle contracture and increasing range of motion.

## 7.0 References, Citations, & Resources:

1. InterQual®, Facet Joint Injection, 03.15.2023.
2. InterQual®, Neuroablation, Percutaneous, 03.15.2023.

## 8.0 Associated Documents [For internal use only]:

[MMP-02 Transition and Continuity of Care](#)

[MMP-09 Benefit Determinations](#)

[UMP-02 Peer to Peer Conversations](#)

[MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#)

[MMS-45 UM Nurse Review](#)

[MMS-52 Inpatient Case Process in CCA](#)

[MMS-53 Outpatient Case Process in CCA](#)

Sample Letter – TCS Approval Letter, Clinically Reviewed Exclusion Letter, Specific Exclusion Denial Letter, Lack of information Letter, Partial Coverage, Partial Non-Coverage Letter

Form – Request Form: Out of Network/ Prior Authorization.

## 9.0 Revision History

Original Effective Date: 03/10/2001

Next Revision Date: 04/01/2025

Revision Date	Reason for Revision
8/15	Revised Clinical Determination Guidelines. Added: ICD-9 and ICD-10 codes, Terms Associated with Services and Cigna as a resource.
12/15	Added criteria for Facet injections, ICD-9 codes deleted
8/15	Revised Clinical Determination Guidelines. Added: ICD-9 and ICD-10 codes, Terms Associated with Services and Cigna as a resource.
12/16	Annual review: removed references to Medicaid/DHHS, removed disc degeneration and spondylolisthesis from A.4, updated references and resources.
11/17	Updated review: changed 50% relief to "significant relief." Revised length of conservative treatment from 6 to 3 months. New technology codes added (0213T – 0218T) Updated references and websites.
3/18	Removed clinical criteria, reference MCG guidelines for benefit determination. Code coverage based on MCG guideline with prior approval. Title changed from rhizotomy to neurotomy.
6/19	Annual review; no changes in BCC, approved by QI/MRM 8/14/19.
1/20	Annual review: remove reference to MCG criteria for facet injections, added Sec. 3.0 A. – H.
11/20	Reference to MCG replaced with InterQual®.
3/21	Annual review; no substantive changes, approved by BCC 5/3/21
09/21	Off-cycle review; removed clinical criteria, will use InterQual®. Moved "Non-covered" codes to "Covered" to require prior approval and added 0440T, 0441T, 0442T.
1/22	Off-Cycle review to add in CPT code 64625
3/22	Off-cycle review – removed CPT 64625 from list of experimental procedures. BCP-committee approved for a 04-01-2022 effective date for the policy
1/23	Annual Review; removed the word "may" from Section 1.0, updated InterQual References, updated associated documents, moved 0213T-0218T and 0440T-0442T from covered to non-covered section to align with code database.
1/24	Annual review; InterQual dates updated, removed fourth paragraph in section 2.0 due to missing reference/citation, updated section 8.0 associated documents.