



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria

#### Facet Joint Procedures for Pain

- Intraarticular (IA) Facet joint Injections
- Medial Branch Blocks (MBB)
- Radiofrequency Ablations (RFA)
- Facet cyst rupture/aspiration

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### Criteria

#### For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	<a href="#">Facet Joint Interventions for Pain Management (L38803)</a>
Local Coverage Article	<a href="#">Billing and coding: Facet Joint Interventions for Pain Management (A58405)</a>

#### For Non-Medicare Members

##### Facet Joint Injections and Facet Neurotomy

Kaiser Permanente has elected to use coverage guidance from Noridian Local Coverage Determination (LCD) L38803 [Facet Joint Interventions for Pain Management](#) and [Billing and Coding: Facet Joint Interventions for Pain Management \(A58405\)](#) for Diagnostic Facet Joint Procedures, and therapeutic facet joint procedures.

#### For covered criteria:

**If requesting this service (or these services), please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist (including PT notes)

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

### Background

Facet joint injections are used to treat specific etiologies of back pain, generally in the absence of radicular symptoms. Some indications for diagnostic facet joint injections include strong suspicion for the pain of facet joint etiology (focal tenderness over the facet joint, pain in response to hyperextension, rotational movement, or conservative management, or low back pain with normal imaging). Given the natural history of these symptoms, it is recommended that conservative treatments are trialed for at least 3 months prior to consideration of facet injections.

Medial branch block injections are also used for evaluating candidacy for possible facet neuropathy. They involve injection of anesthetic near to the medial branch nerves near the facet joint. These are typically used in preparation and for diagnostic purposes prior to a facet neurotomy.

## Medical Technology Assessment Committee (MTAC)

### **Back/Neck Pain**

#### **07/14/2004: MTAC REVIEW**

##### **Evidence Conclusion:**

**Back Pain** There is insufficient evidence to conclude that RF neurotomy improves health outcomes among patients with back pain. Two of the three RCTs on back pain that were reviewed (LeClaire; Barendse) did not find a significant benefit of RF neurotomy compared to a sham intervention in the primary analysis. Barendse may have been underpowered to detect a clinically significant difference between groups. The third study (van Kleef, 1999), which included patients with low back pain originating from the lumbar zygapophysial joint, found significantly more clinical successes in the RF neurotomy group. The latter study (n=32), which included a multivariate analysis to adjust for baseline differences, had imprecise estimates with large confidence intervals and only an 8-week follow-up period. All of the studies were limited by small sample sizes. In addition, all of the studies used non-blinded diagnostic blocks and there may have been false positive findings of the location of pain. Long-term safety and efficacy of RF neurotomy for treating back pain was not evaluated.

**Neck pain** There is insufficient evidence to conclude that RF neurotomy improves health outcomes among patients with neck pain. One of the two RCTs reviewed (Lord) was well designed but had a biased presentation of study results. The authors did not report their primary outcomes, pain and impact of pain on activities of daily living, at the end of the double-blind follow-up period at 3 months. The results they did report were confounded by rescue treatment. The other RCT (van Kleef, 1996) found a significant benefit of RF neurotomy compared to sham intervention for patients with cervicobrachial pain. The study is limited by its short (8-week) follow-up period and small sample size (n=20), which can result in baseline differences between groups. Also, the van Kleef, 1996 study used non-blinded diagnostic blocks and some patients may have been falsely identified with cervicobrachial pain. Long-term safety and efficacy of RF neurotomy for treating neck pain was not evaluated.

**Articles:** The search yielded 23 articles. There was a Cochrane library review from 2003 that reviewed the randomized controlled trials on the topic but did not conduct a quantitative meta-analysis to evaluate the overall effectiveness of the treatment. Seven double-blind sham-controlled RCTs met the inclusion criteria for the Cochrane review. One additional small RCT published after the Cochrane review was identified in the Medline search, but this study was excluded because the patient population had already failed intradiscal electrothermal annuloplasty (IDET). The Cochrane investigators assigned a methodological quality score to each RCT they included. Studies that received a quality score of at least 7 out of 10 were selected for this review. The LeClaire and Barendse articles were by the same research groups but included different study populations. **Back pain:** There were four RCTs on the treatment of back pain. One RCT that had a low methodology score in the Cochrane review was not reviewed. The remaining three RCTs were critically appraised: LeClaire R, Fortin L, Lambert R et al. Radiofrequency facet joint denervation in the treatment of low back pain. *Spine* 2001; 26: 1411-1418. See [Evidence Table](#) van Kleef M, Barendse GAM, Kessels A et al. Randomized trial of radiofrequency lumbar facet denervation for chronic low back pain. *Spine* 1999; 24: 1937-1942. See [Evidence Table](#) Barendse GAM, van den Berg SGM, Kessels AHF et al. Randomized controlled trial of percutaneous intradiscal radiofrequency thermocoagulation for chronic discogenic back pain. *Spine* 2001; 26: 287-292. See [Evidence Table](#) Lord SM, Barnsley L, Wallis BJ et al. Percutaneous radio-frequency neurotomy for chronic cervical zygapophysial-joint pain. *N Engl J Med* 1996; 335: 1721-1726. See [Evidence Table](#)

The use of radiofrequency neurotomy in the treatment of chronic neck and back pain does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

### **Back Pain/Neck Pain**

#### **07/29/2005: MTAC REVIEW**

**Evidence Conclusion:** A PubMed search (2004 to present) yielded 6 articles. Four were review articles and one was a study of electrode placement, not effectiveness. There was one new RCT (Stovner et al. Cephalalgia 2004; 24: 821). The study was not worth critically appraising because it only included 12 patients. It did not find a significant benefit of radiofrequency neurotomy vs. sham treatment for neck pain, but they almost certainly did not have sufficient statistical power.

This review was not taken to the Medical Technology Assessment Committee. The information was not sufficient to warrant a review by the committee.

## References

Centers for Medicare & Medicaid Services. (2022, February). *Facet Joint Interventions for Pain Management*. (L38803). Accessed Oct 23, 2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38803&ver=12&keyword=medial+branch+block&keywordType=starts&areald=s56&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP&contractOption=all&sortBy=relevance&bc=1>

## Applicable Codes

### Facet Injections & Medial Branch Block

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPCS Codes	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)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

### Facet Neurotomy

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPCS Codes	Description
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)

### Paravertebral Injections

Considered Not Medically Necessary - experimental, investigational or unproven:

CPT® or HCPCS Codes	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)

<b>0215T</b>	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)
<b>0216T</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
<b>0217T</b>	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)
<b>0218T</b>	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)

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
03/07/2023	03/07/2023 <sup>MPC</sup> , 08/06/2024 <sup>MPC</sup> , 08/05/2025 <sup>MPC</sup>	04/21/2025

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
03/07/2023	MPC approved to adopt Medicare criteria for non-Medicare members. Requires 60-day notice, effective date 08/01/2023.
7/12/2023	Updated effective date to 8/14/2023
12/7/2024	MPC approved to adopt CMS coverage criteria for Facet Neurotomy. 60-day notice required. Effective 5/1/2025
12/17/2024	Merged RFA Facet neurotomy with Facet injections policy.
04/21/2025	Updated criteria to reflect KPWA's adoption of NCD L8803 and A58405 for facet joint diagnostics effective 5/1/25.