



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Facet Joint Injections/Medial Branch Block

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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 (LCA)	<a href="#">Billing and Coding: Facet Joint Interventions for Pain Management (A58405)</a>

#### For Non-Medicare Members

**Effective until August 15, 2023**

No review required.

**Effective August 15, 2023**

Kaiser Permanente has elected to use coverage guidance from Noridian Local Coverage Determination (LCD) L38803 [Facet Joint Interventions for Pain Management](#) for Diagnostic Facet Joint Procedures, 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 bending laterally, leg pain not extending below the knee), chronic low back pain, neck pain not relieved with 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.

## Applicable Codes

## References

Centers for Medicare & Medicaid Services. (2022, February). *Facet Joint Interventions for Pain Management*. (L38803). <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38803&ver=6&keyword=medial%20branch%20block&keywordType=stats&areaId=s56&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

### 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 paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

### 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)
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)
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)

**\*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> ,	7/12/2023

<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