

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Paravertebral Facet Joint Nerve Blocks/Diagnostic and Therapeutic

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	5/15/2010	Policy Last Updated:	06/15/2010
------------------------	------------------	-----------------------------	-------------------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

A facet joint injection is an injection of a long acting local anesthetic agent and/or steroid into the paravertebral facet joint, medial branch nerve or facet joint nerve under fluoroscopic guidance. Facet joints, also called Zygapophysial or "Z" joints, are located on the posterior spine on each side of the vertebrae where it overlaps the neighboring vertebrae. The facet joints provide stability and give the spine the ability to bend and twist. They are made up of two surfaces of the adjacent vertebrae, which are separated by a thin layer of cartilage.

Diagnostic facet joint injections with a local anesthetic are used in the cervical, thoracic or lumbar spine to verify the specific area generating pain prior to a facet joint denervation procedure or other medical management. Therapeutic facet joint injections are based on the outcome of a diagnostic facet joint injection with the patient obtaining sufficient relief for a meaningful period of time. When pain recurs, a repeat injection with long acting local anesthetic and steroid will generally provide pain relief for 4 to 8 weeks. The intent of the therapeutic injection is to provide temporary pain relief to help patients tolerate prescribed exercise programs.

The most common conditions resulting in facet joint pain are spondylosis, spondylolisthesis, arthritis, osteoarthritis, and spondyloarthritis (facet joint arthropathy). For the purpose of this policy chronic pain is defined as pain that persists for more than three months despite the use of more conventional measures such as non-steroidal anti-inflammatory medications and physical therapy.

Facet/nerve blocks may be used for diagnostic and therapeutic purposes. Therapeutic blocks include the use of anesthetic and/or anti-inflammatory substances for the long-term control of pain. There is usually no role for a "series" of injections. Each injection should be individually evaluated for clinical efficacy (diagnostically and/or therapeutically). If complete, but only temporary pain relief occurs after paravertebral facet joint/nerve injection, another type of treatment needs to be considered.

Diagnostic Paravertebral Facet Joint Nerve Block

Diagnostic paravertebral facet joint/nerve block is appropriate for the following conditions:

- Hypertrophic arthropathy of the facet joints causing back and/or neck pain;
- Back or neck pain following whiplash/post-traumatic injury;
- Back pain greater than leg pain;
- Neck pain greater than arm pain;
- Back or neck pain associated with suspected motion segment instability/hypermobility or pseudoarthrosis following fusion; and/or
- Pain of cervicogenic headache.

Repeat injection would be considered necessary only upon subsequent return of pain and deterioration in functional status. If pain returns after a satisfactory response it may be necessary to give a second injection on a different date of service to determine the etiology of the pain and effectiveness of the injection. Two-to-three adjacent joint levels may need to be injected before the precise pathogenic facet joint level is determined.

The standard of care for all paravertebral facet joint nerve block injections requires that these procedures be performed under fluoroscopic- or CT-guided imaging. Therefore, injections performed without imaging guidance will be denied as inappropriate and not reasonable or necessary.

Therapeutic Paravertebral Facet Joint Nerve Block

When a patient has relief of pain with controlled diagnostic blocks with a combined response from two blocks of several weeks to months, they may be considered a candidate for therapeutic facet joint/nerve nerve blocks. When a patient has relief of pain (positive response), but an insufficient duration of symptom relief, with controlled diagnostic blocks, they should be considered for a more definitive procedure such as denervation unless, of course, the diagnosis is in error.

Medical Criteria:

Not applicable this is a reimbursement policy.

Policy:

All BCBSRI Products

Paravertebral facet joint nerve blocks when given under fluoroscopic or computed tomography guidance are covered for chronic pain that persists for more than three months despite the use of conventional measures such as non-steroidal anti-inflammatory medications and physical therapy.

Repeat injection are covered only with subsequent return of pain and deterioration in functional status. If pain returns after a satisfactory response it may be necessary to give a second injection on a different date of service to determine the etiology of the pain and effectiveness of the injection. Two-to-three adjacent joint levels may need to be injected before the precise pathogenic facet joint level is determined.

Therapeutic facet joint nerve blocks are covered when performed with local anesthetic with or without steroid and under fluoroscopic or computed tomography guidance.

Therapeutic facet joint/nerve block injections may be covered provided that:

Injections do not exceed more than once every two (2) months for a specific area (cervical, thoracic, lumbosacral); or

Initial pain relief is greater than or equal to $\geq 50\%$ with the ability to perform previously painful maneuvers and persistent pain relief (for a minimum of six (6) weeks) of $\geq 50\%$ with the continued ability to perform previously painful maneuvers; and

Appropriate consideration is given to the adverse effects (e.g., adrenal suppression of corticosteroid injections).

Provision of a paravertebral facet joint/nerve block on the same day as an interlaminar or caudal epidural/intrathecal injection, transforaminal selective epidural (or selective nerve block), sacroiliac joint injection, lumbar sympathetic block, or other nerve block is not appropriate. Therefore, only one of these procedures is allowed on a given day, unless one of the following conditions occurs and is documented in the medical record:

1. If more than one type of diagnostic injection is performed on the same day, the anesthetic response to the first injection must be assessed and documented that the injection resulted in incomplete pain relief before proceeding with an additional injection. Otherwise it would be impossible to determine which injection resulted in pain relief; and/or
2. Multiple facet joint pain generators are present and are clearly documented in a patient on anticoagulants, requiring the anticoagulants to be stopped for the injection(s).

Therapeutic paravertebral facet joint/nerve block injection is ineffective for low back pain associated with "myofascial pain syndrome" or a soft-tissue source of pain in which case no paravertebral facet joint/nerve pathology exists.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable surgery benefits/coverage.

The following codes are covered:

64490
64491
64492
64493
64494
64495

The following codes are not medically necessary:

0213T
0214T
0215T
0216T
0217T
0218T
0228T
0229T
0230T
0231T

Published:

Provider Update, August 2010

Centers for Medicare and Medicaid Services, Medicare Coverage Database: LCD for PARAVERTEBRAL Facet Joint/Nerve Blocks - Diagnostic and Therapeutic (L26591).

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.