

Paravertebral Facet Joint Injections

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> • Category III CPT Codes
<p>Related Medicare Advantage Reimbursement Policies</p> <ul style="list-style-type: none"> • Assistant-at-Surgery Services Policy, Professional • Multiple Procedure Payment Reduction (MPPR) for Medical and Surgical Services Policy, Professional
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> • Pain Management and Pain Rehabilitation

Policy Summary

[↪ See Purpose](#)

Overview

Paravertebral facet joint block is used to both diagnose and treat lumbar zygapophysial (facet joint) pain. Facet joint pain syndrome is a challenging diagnosis as there are no specific histories, physical examination, or radiological imaging findings that point exclusively to the diagnosis. However, this diagnosis is considered if the patient describes nonspecific, achy, back pain that is located deep in the paravertebral area. A detailed physical examination of the spine should be performed on all patients. Radiological imaging is often done as part of the workup of persistent chronic back pain to exclude other diagnoses.

Facet joint block is one method used to document/confirm suspicions of posterior elemental biomechanical pain of the spine.

Often the patient presents with chronic neck, thoracic or low back pain that lacks a strong radicular component, has no associated neurologic deficits, and is often aggravated by hyperextension or rotation of the spine. This policy defines chronic pain as continuous or intermittent pain that has been unresponsive to conservative measures, persisting three months or more.

Facet joint injections must be performed under imaging guidance to assure accurate placement of the needle in the facet joint or on the medial nerve branch of the facet joint. A long acting local anesthetic or corticosteroid agent is injected to temporarily denervate the facet joint. After a satisfactory block has been obtained, the patient is asked to indulge in the activities that usually aggravated his/her pain and to record his/her impressions of the effect of the procedure 4-8 hours after the injection. Temporary or prolonged abolition of the spinal pain suggests that facet joints were the source of the symptoms.

Diagnostic blocks are used to assess the relative contribution of sympathetic and somatosensory nerves in relation to the pain syndrome and to localize the nerve(s) responsible for the pain or neuromuscular dysfunction, particularly when multiple sources of pain are potentially present.

Guidelines

- Patient must have history of at least 3 months of moderate to severe pain with functional impairment and pain is inadequately responsive to conservative care such as NSAIDs, acetaminophen, physical therapy (as tolerated).
- Pain is predominantly axial and, with the possible exception of facet joint cysts, not associated with radiculopathy or neurogenic claudication.

- There is no non-facet pathology that could explain the source of the patient’s pain, such as fracture, tumor, infection, or significant deformity.
- Clinical assessment implicates the facet joint as the putative source of pain.

Please refer to the related CMS Local Coverage Determinations (LCDs) for additional guidelines and limitations specific to diagnostic and therapeutic facet joint injections.

Medicare does not expect that an epidural block or sympathetic block would be provided to a patient on the same day as facet joint injections. Multiple blocks on same day could lead to improper or lack of diagnosis. Coverage will be extended for only one type of procedure during one day/session of treatment unless the patient has recently discontinued anticoagulant therapy for the purpose of interventional pain management.

Fluoroscopic or Computed Tomography (CT) image guidance and localization are required for the performance of paravertebral facet joint injections described by CPT codes 64490, 64491, 64492, 64493, 64494, and 64495. For paravertebral spinal nerves and branches – image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components of CPT codes 64490, 64491, 64492, 64493, 64494, and 64495.

The CPT codes included in this policy include CT or fluoroscopic guidance; do not bill these codes unless CT or fluoroscopic guidance is performed.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	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)

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Modifier	Description
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures perform on the right side of the body)
50	Bilateral procedure

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33930 Paravertebral Facet Joint Blocks	A57787 Billing and Coding: Paravertebral Facet Joint Blocks	First Coast		FL, PR, VI
L34832 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A56463 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	CGS	KY, OH	KY, OH
L34892 Facet Joint Interventions for Pain Management	A56670 Billing and Coding: Facet Joint Interventions for Pain Management	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L34993 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A57727 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L34995 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A57728 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35936 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A57826 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35996 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A57553 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
L36471 Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	A56687 Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

CMS Benefit Policy Manual

[Chapter 15: § 50 Drugs and Biologicals](#)

CMS Claims Processing Manual

[Chapter 14: § 20 List of Covered Ambulatory Surgical Center Procedures](#)

MLN Matters

[Article SE1102, Inappropriate Medicare Payments for Transforaminal Epidural Injection Services](#)

UnitedHealthcare Commercial Policy

[Epidural Steroid and Facet Injections for Spinal Pain](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
06/10/2020	Policy Summary <p><i>Overview</i></p> <ul style="list-style-type: none">Removed language pertaining to pain history and prior treatments [duplicative to language outlined in the <i>Guidelines</i> section] <p><i>Guidelines</i></p> <ul style="list-style-type: none">Removed reference to CPT codes 0213T, 0214T, 0215T, 0216T, 0217T, and 0218T <p>Applicable Codes</p> <ul style="list-style-type: none">Removed CPT codes 0213T, 0214T, 0215T, 0216T, 0217T, and 0218T <p>Supporting Information</p> <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG335.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered,

which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).