MEDICAL POLICY

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MEDICAL POLICY DETAILS	
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Product Disclaimer	• *Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

Facet Joint Injection or Medial Branch Block

I. Based upon our criteria and assessment of the peer-reviewed literature, an initial diagnostic facet joint injection or medial branch block to determine whether chronic cervical, thoracic, or lumbar pain is of facet joint origin has been medically proven to be effective and, therefore, is considered **medically appropriate**, when **ALL** the following criteria are met:
   A. Presence of predominantly axial cervical, thoracic, or lumbar pain (C2 - C3 to L5 - S1);
   B. Pain has persisted for at least three (3) months;
   C. In the past three (3) months pain has persisted despite at least four (4) weeks of appropriate conservative treatment (e.g., physical therapy, chiropractic care, exercise, medications such as nonsteroidal anti-inflammatory drugs [NSAIDs] or analgesics). If conservative treatment is contraindicated, the reason(s) for contraindication(s) is/are required to be documented in the medical record;
   D. Clinical findings and imaging studies suggest no other obvious cause of the axial neck or back pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy, foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy, infection, tumor, fracture, pseudoarthrosis, or pain related to spinal instrumentation);
   E. The spinal motion segment is not posteriorly fused; **and**
   F. A radiofrequency joint denervation/ablation procedure is being considered.

II. Based upon our criteria and assessment of the peer-reviewed literature, a second diagnostic facet joint injection or medial branch block, performed to confirm the validity of the positive clinical response to the initial facet joint injection or medical branch block, has been medically proven to be effective and, therefore, is considered **medically appropriate** when **ALL** the following criteria are met:
   A. The facet joint injection or medial branch block is administered at the same level(s) as the initial diagnostic injection;

B. The initial diagnostic facet joint injection or medial branch block produced a positive response (i.e., at least 80% relief of facet-mediated pain for at least the expected minimum duration of the effect of the local anesthetic); **and**
C. A radiofrequency joint denervation/ablation procedure is being considered.

III. Based upon our criteria and assessment of the peer-reviewed literature, first therapeutic facet joint injections/medial branch blocks performed as an alternative treatment to a radiofrequency ablation/neurotomy are considered **medically necessary** when **ALL** the following criteria are met:
A. There has been a documented positive response with two (2) sequential diagnostic facet joint injections/medial branch blocks at the same level(s). Note: a positive response is evidenced by at least 80% relief of facet mediated pain for at least the expected minimum duration of the effect of the local anesthetic used; **and**
B. The individual is not a candidate for a facet joint radiofrequency denervation/ablation procedure due to **EITHER** of the following:
1. Established spinal pseudoarthrosis at the spinal level intended for treatment, **or**
2. Implanted electrical device (i.e., cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump).

IV. Based upon our criteria and assessment of the peer-reviewed literature, subsequent therapeutic facet joint injections/medial branch blocks performed alternative treatment to a radiofrequency ablation/neurotomy have been medically proven to be effective and, therefore, are considered **medically appropriate** when **ALL** the following criteria are met:
A. Previous therapeutic facet joint injections/medial branch blocks done at the same level(s) resulted in at least 50% pain relief for at least 12 weeks following the facet joint injection/medial branch block;
B. The prior therapeutic facet joint injection/medial branch block at the same level(s) was performed at least six (6) months ago; **and**
C. The individual is not a candidate for a facet joint radiofrequency denervation/ablation procedure due to **ONE** of the following:
1. Established spinal pseudoarthrosis at the spinal level intended for treatment; **or**
2. Implanted electrical device (e.g., cardiac pacemaker, cardiac defibrillator, dorsal column stimulator, dorsal root ganglion stimulator, peripheral neurostimulator, cranial neurostimulator, implantable programmable drug pump).

V. Based upon our criteria and assessment of the peer-reviewed literature, an initial intra-articular facet joint injection performed with synovial cyst aspiration, <u>without</u> a transforaminal epidural steroid injection (TFESI), is considered **medically appropriate**, when **ALL** the following criteria are met:
A. Advanced diagnostic imaging studies (i.e., magnetic resonance imaging [MRI], computed tomography [CT] scan, CT myelogram) confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst; **and**
B. There is a clinical correlation (based on history and physical examination) with the individual's signs and symptoms of radicular pain or radiculopathy.

VI. Based upon our criteria and assessment of the peer-reviewed literature, an initial intra-articular facet joint injection performed with synovial cyst aspiration, <u>with</u> a transforaminal epidural steroid injection (TFESI)*, is considered **medically appropriate**, when **ALL** the following criteria are met:
A. Failure to respond to at least four (4) weeks of conservative treatment that includes **ALL** of the following:
1. exercise;
2. manual therapy;
3. patient education;
4. psychosocial support; **and**
5. medications to include nonsteroidal anti-inflammatory drugs [NSAIDS] or analgesics);

B. Advanced diagnostic imaging studies (i.e., magnetic resonance imaging [MRI], computed tomography [CT] scan, CT myelogram) within the past 24 months confirm compression or displacement of the corresponding nerve root by a facet joint synovial cyst; **and**
C. There is a clinical correlation (based on history and physical examination) with the individual's signs and symptoms of radicular pain or radiculopathy.

*Note: Refer to Policy Statements for the exception that an ESI can be performed on the same day as an intra-articular facet joint injection with synovial cyst aspiration.

VII. If a repeat intra-articular facet joint injection with synovial cyst aspiration is needed the following is required:
A. The previous facet joint injections/medial ranch blocks resulted in at least 50% pain relief for at least 12 weeks following the facet joint injection/medial branch block.

VIII. Based upon our criteria and assessment of the peer-reviewed literature, performance of a facet joint injection or medial branch block is considered **not medically necessary** for **ANY** of the following indications:
A. The injection/block is performed without the use of fluoroscopic or CT guidance;
B. The individual has untreated radiculopathy (other than radiculopathy caused by a facet joint synovial cyst);
C. A radiofrequency joint denervation/ablation procedure (i.e., facet neurotomy, facet rhizotomy) is not being considered;
D. The facet joint injection is performed at a fused posterior spinal motion segment;
E. The injection/block is performed on the same day of service as other injections (e.g., epidural steroid, sacroiliac);
F. Injections/blocks are being performed on more than three (3) contiguous spinal joint levels (with the exception of an injection/block being performed above or below the fused posterior spinal motion segment);
G. For repeat therapeutic facet joint injections/medial branch blocks in the absence of at least 50% pain relief for at least twelve (12) weeks;
H. An additional diagnostic injection/block is being performed at the same level(s) as a prior successful radiofrequency denervation/ablation procedure;
I. The injection/block is of the atlanto-occipital articulation and/or atlanto-axial articulation (above C2-C3 and below L5-S1);
J. The injection/block is performed subsequent to the initial injection two (2) diagnostic injections (i.e., therapeutic injection), except when performed as an alternative treatment when radiofrequency ablation/neurotomy treatment is contraindicated (see Policy Statement III-IV); **or**
K. Clinical findings and imaging studies suggest other obvious cause of the pain (e.g., central spinal stenosis with neurogenic claudication/myelopathy; foraminal stenosis or disc herniation with concordant radicular pain/radiculopathy; infection; tumor; fracture; pseudoarthrosis; or pain related to spinal instrumentation);

IX. Based upon our criteria and assessment of the peer-reviewed literature, a facet joint injection/medial branch block has not been medically proven to be effective and, therefore, is considered **investigational** when **ANY** of the following apply:
A. Injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]) are administered alone or in combination;
B. The injection is performed under ultrasound guidance; **or**
C. The treatment of the L5 - S1 facet joint is used for the diagnosis and/or treatment of sacroiliac joint (SIJ) mediated pain.

<u>Selective Nerve Root Block</u>

X. Based upon our criteria and assessment of the peer-reviewed literature, an initial level diagnostic selective nerve root block (SNRB), is considered **medically appropriate** when **ALL** the following criteria are met:
A. Performed at a single level/single side (single nerve root) during the same session;
B. Performed with anesthetic injectate only; **and**
C. Performed when attempting to establish the diagnosis of radicular pain (including radiculitis) or radiculopathy, when the diagnosis remains uncertain after standard evaluation consisting of neurologic examination and either radiological studies and/or electrodiagnostic studies, in **ANY** of the following clinical situations:

a. When the physical signs and symptoms differ from that found on imaging studies;
b. When there is clinical evidence of multi-level nerve root pathology;
c. When the clinical presentation is suggestive, but not typical of, both nerve root and peripheral nerve or joint disease involvement;
d. When the clinical findings are consistent with radiculopathy in a level-specific referral pattern of one (1) or more involved named spinal root(s), but the imaging studies do not corroborate the findings (positive straight leg raise test);
e. When the individual has had previous spinal surgery; **or**
f. For the purposes of surgical planning.

XI. Based upon our criteria and assessment of the peer-reviewed literature, a diagnostic SNRB at a spinal level other than the initial level is considered **medically appropriate** when **ALL** the following criteria are met:
A. The response to the prior diagnostic SNRB was less than 80% relief from the injectate utilized;
B. There is evidence of multilevel pathology; **and**
C. It has been at least seven (7) days since the prior diagnostic block.

XII. Based upon our criteria and assessment of the peer-reviewed literature, a diagnostic SNRB has not been medically proven to be effective and, therefore, is considered **not medically necessary** for any indication other than above (e.g., post-herpatic neuralgia).

XIII. Based upon our criteria and assessment of the peer-reviewed literature, a therapeutic SNRB (i.e., a repeat SNRB at the same level) for **ANY** indication has not been medically proven to be effective and, therefore, is considered **investigational**.

XIV. Based upon our criteria and assessment of the peer-reviewed literature, a diagnostic SNRB using injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]), administered alone or in combination has not been medically proven to be effective and, therefore, is considered **investigational**.

XV. Based upon our criteria and assessment of the peer-reviewed literature, a SNRB performed with ultrasound guidance has not been medically proven to be effective and, therefore, is considered **investigational.**

<u>Epidural Steroid Injections (Interlaminar, Caudal, or Transforaminal)</u>

XVI. Based upon our criteria and assessment of the peer-reviewed literature, initial epidural steroid injections have been medically proven to be effective and, therefore, are considered **medically appropriate** for **ANY** of the following conditions when **ALL** the associated criteria are met:
A. Treatment of presumed radiculopathy, when **ALL** the following criteria are met:
1. Failure to respond to at least four (4) weeks of conservative treatment that includes **ALL** of the following:
a. exercise;
b. manual therapy;
c. patient education;
d. psychosocial support; **and**
e. medications to include nonsteroidal anti-inflammatory drugs [NSAIDS] or analgesics);
2. Presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s) causing significant functional limitations, (i.e., diminished quality of life and impaired age-appropriate activities of daily living), and **EITHER** of the following:
a. Documentation of any of the following, concordant with nerve root compression of the involved named spinal root(s) demonstrated on a detailed neurologic examination within the prior three (3) months:
i. Loss of strength of specific named muscle(s) or myotomal distribution(s),
ii. Altered sensation to light touch, pressure, pin prick, or temperature in the sensory distribution,
iii. Diminished, absent, or asymmetric reflex(es); **or**
b. Documentation of **EITHER** of the following studies performed within the prior 24 months:

i. A concordant radiologist's interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(s), **or**
ii. Electrodiagnostic studies (EMG/NCVs) diagnostic of nerve root compression of the involved named spinal nerve root(s); **and**

3. Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal epidural steroid injections.

B. Treatment of presumed radiculitis or radicular pain, when **ALL** the following criteria are met:
1. Failure to respond to at least four (4) weeks of conservative treatment that includes **ALL** of the following:
a. exercise;
b. manual therapy;
c. patient education;
d. psychosocial support; **and**
e. medications to include nonsteroidal anti-inflammatory drugs [NSAIDS] or analgesics); **and**
2. Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal ESI.

C. As an initial trial treatment for evidence of neurogenic claudication (e.g., leg pain, paresthesia, heaviness, or cramping brought on when walking and relieved when leaning forward or sitting down) when **ALL** the following criteria are met:
1. Diagnostic evaluation has ruled out other potential causes of pain;
2. MRI or CT scan, with or without myelography, within the past 24 months demonstrates moderate-to-severe spinal stenosis at the level to be treated;
3. Significant functional limitations have resulted in diminished quality of life and impaired, age-appropriate activities of daily living; **and**
4. Failure to respond to at least four (4) weeks of conservative treatment that includes **ALL** of the following:
a. exercise;
b. manual therapy;
c. patient education,
d. psychosocial support; **and**
e. medications to include nonsteroidal anti-inflammatory drugs [NSAIDS] or analgesics).

XVII. Based upon our criteria and assessment of the peer-reviewed literature, repeat epidural steroid injections***** have been medically proven to be effective and, therefore, are considered **medically appropriate** when **ALL** of the following criteria are met:
A. There has been 50% or greater relief of radicular pain for two (2) or more weeks' duration and **ONE** (1) of the following criteria are met:
1. Increase in the level of function, **or**
2. Reduction in the use of pain medication and/or additional medical services, such as physical therapy/chiropractic care;
B. Advanced diagnostic imaging within 24 months is required for cervical/thoracic interlaminar and transforaminal ESI; **and**
C. It has been at least 14 days since the prior epidural steroid injections.

**Note: Policy Statements for ESI session limits.*

XVIII. Based upon our criteria and assessment of the peer-reviewed literature, ESIs are considered **not medically necessary** for **ANY** of the following:
A. ESI is performed without imaging guidance (i.e., CT, fluoroscopy), except for an emergent situation or when fluoroscopic/CT guidance or the injection of contrast is contraindicated (e.g., pregnancy);
B. TFESI is performed at more than two (2) contiguous foraminal levels (unilateral or bilateral) during the same session;
C. Interlaminar epidural steroid injection (ILESI) or caudal epidural steroid injection (CESI) is performed at more than a one spinal level during the same session;

D. ESI is performed on the same day of service as other spinal interventional procedures, with the exception of an ESI performed with an intra-articular facet joint injection with synovial cyst aspiration;
E. ESI is performed in isolation, without the individual participating in a comprehensive pain management program that includes **all** of the following: physical therapy, patient education, psychosocial support, and oral medications;
F. There are more than three (3) sessions of epidural steroid injections per episode of pain, per region, in six (6) months (*refer to Policy Guidelines ~~X~~*);
G. There are more than four (4) sessions of epidural steroid injections per region in a rolling 12 months (*refer to Policy Guidelines ~~X~~*);
H. Axial spinal pain (i.e., absence of radiculopathy, myelopathy, myeloradiculopathy);
I. Caudal epidural steroid injection (CESI) is performed for symptomatic levels above L4-L5; **or**
J. Post-herpetic neuralgia.

XIX. Based upon our criteria and assessment of the peer-reviewed literature, the following have not been medically proven to be effective and, therefore, are considered **investigational**:
A. ESI with ultrasound guidance for any indication;
B. ESI involving injectates other than anesthetic, corticosteroid, and/or contrast agent (e.g., biologics [platelet rich plasma, stem cells, amniotic fluid]) for the treatment of radicular pain or radiculopathy.

Refer to Corporate Medical Policy #2.01.24 Growth Factors for Wound Healing and Other Conditions, which includes platelet rich plasma.

Refer to Corporate Medical Policy #7.01.42 Radiofrequency Facet and Sacroiliac Joint Ablation/Denervation

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

I. This policy only applies to selective nerve root blocks (SNRBs) and epidural steroid injections (ESIs) for the conditions listed within the policy statements above. This policy does not apply to epidural injections administered for obstetrical or surgical epidural anesthesia, for peri-operative pain management, or in the clinical context of an implantable intrathecal drug pump.

II. This policy only applies to the injection of anesthetic, corticosteroid, and/or contrast agent, and not to other injectates, including, but not limited to, Spinraza, chemotherapy, neurolytic substances, antispasmodics, antibiotics, antivirals, or biologics (e.g., platelet-rich plasma, stem cells, amniotic fluid, etc.).

III. An indwelling catheter to administer a continuous infusion/intermittent bolus should be used only in a hospital setting. It is inappropriate to code the use of a catheter for single-episode injection(s) that is/are commonly performed in an outpatient setting as an in-dwelling catheter for continuous infusion/intermittent bolus.

IV. A diagnostic facet joint injection or medial branch block is considered positive when there is documentation that the patient reported a response of at least 80% pain relief reported for the duration of the effect of the local anesthetic.

V. Only two (2) diagnostic facet joint injections/medial branch blocks are permitted at the same level(s). Note: More than two (2) facet injections/medial branch blocks at the same level and same side are considered to be therapeutic rather than diagnostic and must meet the criteria for therapeutic facet joint injections/medial branch blocks.

VI. When criteria have been met, facet joint injections/medial branch blocks are only permitted from levels C2 - C3 to L5 - S1. Note: The facet joint injection/medial branch block applies directly to the facet joint(s) blocked/ablated and not to the number of nerves blocked/ablated that innervate the facet joint(s).

VII. When medical necessity criteria are met, no more than two (2) diagnostic facet joint injections/medial branch blocks may be required to determine whether back pain originates in the facet joint or nerves surrounding the facet joint. The patient's response to the first two injection(s) must be documented. Subsequent facet injections/medial branch blocks are considered therapeutic, rather than diagnostic *(see Policy Statements*).

VIII. It may be necessary to perform the facet joint injection/medial branch block at the same facet joint level(s) bilaterally; however, no more than three (3) facet joint levels may be injected during the same session/procedure.

IX. Following a spinal fusion, a diagnostic facet joint injection/medial branch block may be performed immediately above or below the fused level, if a prior injection/block was negative.

X. Facet joint injections/medial branch blocks are not without risk and can expose individuals to potential complications that may be increased when a patient is sedated. As a result, when performing facet joint injections/medial branch blocks, the use of supplemental sedation in addition to local anesthesia is not required and not recommended.

XI. Facet joint injections/medial branch blocks should only be performed for either neck pain or low-back pain in the absence of an untreated radiculopathy or radicular pain, or radicular pain or radiculopathy caused by a facet joint synovial cyst. Diagnostic facet joint injections/medial branch blocks should, therefore, only be performed when anticipating that, if successful, radiofrequency joint denervation/ablation procedures (facet neurotomy, facet rhizotomy) would be considered as an option at the diagnosed levels.

XII. Facet joint injections/medial branch blocks should only be performed for facet-mediated pain and not for other indications and not for other indications that are not in scope of management (i.e., third occipital nerve [TON] injection/nerve block for cervicogenic headaches).

XIII. When medical necessity criteria are met, up to a total of three (3) ESIs per episode of pain, per region, may be performed in six (6) months, not to exceed four (4) ESIs per region (cervical, thoracic, lumbar) in a rolling 12 months.

XIV. Requests for subsequent (beyond initial) facet joint injections/medial branch blocks will be evaluated based on the response to the prior facet injection/medial branch block. Therefore, a series of facet joint injections/medial branch blocks at the same level(s) is not permitted in one request.

XV. An ESI or selective nerve root block should be performed with the use of fluoroscopic or CT guidance and the injection of a contrast, except for an emergent situation or when fluoroscopic/CT guidance or the injection of contrast is contraindicated (e.g., pregnancy).

XVI. Repeat ESI Limits: There is insufficient scientific evidence to support the scheduling of a "series-of-three" ESIs in either a diagnostic or therapeutic approach. The medical necessity of subsequent injections should be evaluated individually, based on the response of the individual to the previous injection about clinically relevant, sustained reductions in pain, decreased need for medication, and improvement in the individual's functional abilities.

XVII. When performing therapeutic TFESIs, no more than two (2) contiguous nerve root levels (unilateral or bilateral) should be injected during the same session/procedure.

XVIII. When performing a diagnostic SNRB, only an injection at a single level/side during the same session/procedure should be performed.

XIX. When performing an interlaminar epidural steroid injection (lLESl) or caudal epidural steroid injection (CESl), only one (1) spinal level is allowed during the same session. Note: A CESl only involves symptomatic levels below L4-L5.

XX. An epidural steroid injection (transforaminal, interlaminar, or caudal) or a selective nerve root block should be performed with the use of fluoroscopic or CT guidance the injection of a contrast, with the exception of an emergent situation when fluoroscopic/CT guidance or the injection of contrast is contraindicated (e.g., pregnancy).

DESCRIPTION

Definitions for Facet Joint Injections/Medial Branch Blocks:

Axial: Relating to or situated in the central part of the body, in the head and trunk as distinguished from the limbs, (e.g., axial skeleton).

Cervical Facet Pain: Pain located in the cervical spine, which may be characterized by chronic headaches, restricted motion, and axial neck pain, which may radiate sub-occipitally to the shoulders or mid-back.

Facet Joint Pain: A set of concurrent signs or symptoms to describe the facet joint as the pain generator. The typical clinical signs or symptoms may include local paraspinal tenderness; pain that is brought about or increased on hyperextension, rotation, and lateral bending; low back stiffness; absence of neurologic deficit; absence of root tension signs (non- radiating below the knee, absence of paresthesia).

Facet (Zygapophyseal) Joints: paired, diarthrodial synovial joints located between the superior and inferior articular pillars in the posterior spinal column, innervated by medial branch nerves, from C2 - C3 to L5 - S1. Note: The articulations between occiput - atlas (C1) and the atlas (C1) and the axis (C2) and below L5 - S1 (sacrum) are not facet joints.

Facet Level: the zygapophyseal joint or the two medial branch (MB) nerves that innervate that zygapophyseal joint. Each level has a pair of facet joints: one on the right side and one of the left side of the spine.

Facet Joint Injections/Medial Branch Blocks: the injection of local anesthetic and possibly a corticosteroid in the facet joint capsule (facet joint injection) or along the nerves supplying the facet joints (medial branch block) from C2-C3 to L5-S1. Even though either procedure can b used to diagnose facet joint pain, a medial branch block is generally considered more appropriate. Note: The injection/block applies directly to the facet joint(s) blocked and not to the number of nerves block d that innervate the facet joint(s).

Non-Radicular Back Pain: radiating non-neuropathic pain which pain that is not causally related to a spinal nerve root irritation and does not produce reproducible neuropathic symptoms in an objective dermatomal pattern.

Positive Response (to a diagnostic facet joint injection/medial branch block): at least 80% relief of facet -mediated pain for at least the expected minimum duration of the effect of the local anesthetic used. Note: A response to the first two injection(s) must be documented.

Session: a time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular facet joint injection, and radiofrequency ablation [RFA]) performed on a single date of service.

Definitions for Epidural Steroid Injections:

Caudal Epidural Steroid Injection (CESI): an injection of contrast, (absent allergy to contrast), followed by the introduction of corticosteroids and possibly a local anesthetic into the epidural space of the spine by inserting a needle through the sacral hiatus under fluoroscopic guidance into the epidural space at the sacral canal.

Interlaminar Epidural Steroid Injection (ILESI): an injection of contrast, (absent allergy to contrast), followed by the introduction of a corticosteroid and possibly a local anesthetic into the epidural space of the spine either through a paramedian or midline interlaminar approach under fluoroscopic guidance.

Radicular Pain: pain that radiates along the course of a spinal nerve root, typically resulting from compression, inflammation, and/or injury to the nerve root.

Radiculitis: radicular pain without objective neurological findings on physical examination.

Radiculopathy: the presence of pain, dysesthesia(s), or paresthesia(s) reported by the individual in a level-specific referral pattern of an involved named spinal root(s) causing significant functional limitations, (i.e., diminished quality of life and impaired age-appropriate activities of daily living), and **EITHER** of the following:

- Documentation of **ONE** or **MORE** of the following, concordant with nerve root compression of the involved named spinal root(s) demonstrating on a detailed neurological examination within the prior three (3) months:
  - Loss of strength of specific named muscle(s) or myotomal distribution(s)
  - Altered sensation to light touch, pressure, pin prick, or temperature in the sensory distribution
  - Diminished, absent, or asymmetric reflex(es)
- Documentation of **EITHER** of the following studies performed within the prior 24 months:
  - A concordant radiologist's interpretation of an advanced diagnostic imaging study (MRI or CT) of the spine demonstrating compression of the involved named spinal nerve root(sP

- Electrodiagnostic studies (EMG/NCVs) diagnostic of nerve root compression of the involved named spinal nerve root(s).

Selective Nerve Root Block (SNRB): a diagnostic injection of contrast (absent allergy to contrast) followed by the introduction of local anesthetic to anesthetize a single specific spinal nerve root. This procedure is performed by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance. This procedure is often used to assist with surgical planning.

- Note: SNRBs are erroneously referred to as transforaminal epidural steroid injection (TFESl), although technically SNRBs involve the introduction of anesthetic only and are used for diagnostic purposes.
- Note: Selective nerve root blocks (SNRBs) performed for the purpose of treating pain (i.e., repeat SNRB at the same level) may be termed therapeutic selective nerve root blocks. There is insufficient evidence to support the clinical utility of therapeutic selective nerve root bocks (SNRBs).

Session: a time period, which includes all procedures (i.e., medial branch block (MBB), intra-articular (lA) facet joint injection, and radiofrequency ablation (RFA)) performed on a single date of service.

Spinal Stenosis: the narrowing of the spinal canal usually due to spinal degeneration that occurs with aging. lt may also be the result of spinal disc herniation, osteoarthritis, or a tumor.

- Neurogenic Claudication: the clinical syndrome commonly associated with lumbar spinal stenosis. Symptoms of neurogenic claudication are described as leg pain, paresthesia, heaviness, or cramping brought on when walking and relieved when leaning forward or sitting down.

Transforaminal Epidural Steroid Injection (TFESI): a therapeutic injection of contrast (absent allergy to contrast) performed at a single or multiple spinal levels, followed by the introduction of a corticosteroid and possibly a local anesthetic by inserting a needle into the neuroforamen under fluoroscopic or computed tomography (CT) guidance.

RATIONALE

Epidural Injections

Epidural spinal injection (ESI) is one of several therapies available for people who fail conservative treatment, and is a common modality used for radicular pain and lumbar referred pain with several potentially painful conditions (e.g., neurogenic claudication) caused by degenerative or isthmic spinal stenosis.

For radicular pain, the North American Spine Society (NASS, 2020) finds that there is sufficient literature to suggest that a trial of ESIs for radicular pain caused by conditions other than disc herniation is appropriate prior to considering surgical intervention. NASS cites multiple randomized-controlled trials (RCTs) that demonstrate lumbar epidural steroid injections (LESIs) are effective in the treatment of lumbar radiculitis caused by disc herniation. Similarly, citing that several conditions may cause cervical radicular pain, with literature regarding interlaminar (IL) ESIs demonstrating durable improvements in pain and disability for 12 and 24 months for a variety of cervical pathologic conditions. The literature on cervical transforaminal (TF) ESIs is limited to observational studies including reduction in surgical intervention has been demonstrated, and the biochemical pathology involved is likely similar to lumbar radicular etiologies.

For lumbar referred pain, NASS (2020) finds that the literature suggests LESIs are effective in reducing pain in this patient population. It is noted that this treatment seems to be less effective in this group than in patients with herniated discs. In addition, data show that LESI is equivalent to epidural local anesthetic likely due to the suppression of neurogenic inflammation by the local anesthetic. Based on these data, it is felt that a trial of LESIs is reasonable prior to the consideration of surgical intervention.

Buenaventura and colleagues (2009) conducted a systematic review to evaluate the effectiveness of lumbar TFESIs in managing chronic radicular pain. Of the four randomized, controlled trials evaluating TFESIs, all showed positive results for short-term relief. Two studies were positive for long-term relief; the results for long-term relief were not available for the third study, and the fourth study had negative long-term relief results.

Abdi et al. (2007) conducted a systematic review of published trials and abstracts of scientific meetings published between January 1966 and October 2006, to determine the efficacy and safety of ESIs. They identified 11 randomized trials of lumbar interlaminar ESI. Of these studies, eight had favorable results for short-term (less than six weeks) relief,

and one was positive for long-term (six weeks) relief. The level of evidence for interlaminar ESIs was considered strong for short-term pain relief and limited for long-term pain relief. There were seven randomized trials of lumbar TFESI, five of which had favorable results for both short- and long-term pain relief. The level of evidence for TFESI was considered strong for short-term pain relief and moderate for long-term pain relief. Of the eight randomized trials of caudal ESIs, five had favorable results for short-term pain relief, and four had favorable results for long-term pain relief. The level of evidence for caudal epidural injections was considered strong for short-term relief and moderate for long-term relief.

Novak et al. (2008) conducted a systematic review to evaluate the evidence in support of guidelines on frequency and timing of epidural steroid injections, to help determine what sort of response should occur to repeat an injection. The review included 11 randomized, controlled trials, one prospective controlled trial, and two prospective cohort studies. The authors concluded that there is limited evidence to suggest guidelines for frequency and timing of epidural steroid injections or to help define an appropriate partial response that would trigger a repeat injection. Research suggests that repeat injections may improve outcomes, but conclusions cannot be made due to methodological limitations of the available evidence. The authors further concluded that there does not appear to be any evidence to support the common practice of a series of injections.

The 2020 North American Spine Society's evidence-based clinical guidelines for diagnosis and treatment of low back pain reported that there is insufficient evidence to make a recommendation for or against the use of caudal or interlaminar epidural steroid injections in patient with low back pain (Grade I).

As of 2024, the 2009 American Pain Society's evidenced-based clinical practice guideline for interventional therapies, surgery, and interventional rehabilitation for low back pain remains the most current guidance (Chou et al., 2009), The guideline recommends that interdisciplinary rehabilitation be considered as a treatment option for persistent, disabling low-back pain that does not respond to usual, non-interdisciplinary therapies. For persistent, non-radicular low-back pain, the guideline did not recommend facet joint corticosteroid injection, prolotherapy, or intradiscal corticosteroid injection, and noted that there is insufficient evidence to reliably guide recommendations on use of other interventional therapies.

The results of a systematic review by A.T. Parr and colleagues (2012), evaluating the effect of caudal epidural injections with or without steroids in managing various types of chronic low back and lower extremity pain, produced good evidence for short- and long-term relief of chronic pain secondary to disc herniation or radiculitis with local anesthetic and steroids, and fair relief with local anesthetic only. Further, this systematic review also provided only fair evidence for caudal epidural injections in managing chronic axial or discogenic pain, spinal stenosis, and post-surgery syndrome.

Facet Injections

Generally, the outcomes from clinical studies reflect that a diagnostic facet joint injection may assist in determining whether specific interventions targeting the facet joint are indicated. There is insufficient evidence to demonstrate that therapeutic facet joint injections are effective in the treatment of back pain, however.

Guidelines from the American Pain Society (Chou et al., 2009) note that there is fair-to-good-quality evidence that facet joint injections are not effective.

Ultrasound Guidance

In 2020, the North American Spine Society (NASS) published coverage policy recommendations for epidural steroid injections & selective spinal nerve blocks which indicates there is insufficient safety and efficacy data to support ultrasound guidance for any approach delivering ESI.

There is limited peer-reviewed literature regarding the overall health benefit of the use of ultrasonic guidance during spinal injections over the use of fluoroscopy or CT guidance. Jang et al. (2020) conducted a retrospective comparative review of chart data from 122 patients to compare the mid-term effects and advantages of the US-guided SNRB (n = 44), FL-guided IL-CESI (n = 41), and TF-CESI (n = 37) for radicular pain in the lower cervical spine. Despite the noted advantage of no radiation exposure and direct real-time visualization of vessels, nerves, and other soft tissue structure, the authors acknowledged several disadvantages (e.g., technique and the image are quite operator-dependent, and US alone cannot confirm the level that the injectate has reached (dorsal root ganglion or epidural space).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical, or thoracic; without imaging guidance
62321	with imaging guidance (e.g., CT or fluoroscopy)
62322	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar, or sacral (caudal); without imaging guidance
62323	with imaging guidance (e.g., CT or fluoroscopy)
62324	Injection(s), including indwelling catheter placement, continuous infusion, or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical, or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion, or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical, or thoracic; with imaging guidance (i.e., fluoroscopy or CT)
62326	Injection(s), including indwelling catheter placement, continuous infusion, or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar, or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion, or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar, or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	each additional level (list separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	each additional level (list separately in addition to code for primary procedure)
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	second level (List separately in addition to code for primary procedure)

Code	Description
64492	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	second level (List separately in addition to code for primary procedure)
64495	third and any additional level(s) (List separately in addition to code for primary procedure)
0213T **(E/I)**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance; single level
0214T **(E/I)**	second level (List separately in addition to code for primary procedure)
0215T **(E/I)**	third and any additional level(s) (List separately in addition to code for primary procedure)
0216T **(E/I)**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
0217T **(E/I)**	second level (List separately in addition to code for primary procedure)
0218T **(E/I)**	third and any additional level(s) (List separately in addition to code for primary procedure)

HCPCS Codes

Code	Description
No codes	

ICD10 Codes

Code	Description
Multiple codes	

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*Key Article

KEY WORDS

Epidural injection, facet injection, injection therapy, medial branch block, spinal injection, ultrasound-guidance

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There are currently Local Coverage Determinations (LCDs) for facet injections and lumbar epidural injections. Please refer to the following LCD websites for Medicare Members:

Facet Joint Interventions for Pain Management (L35936): [https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=35936] accessed 08/30/24.

Epidural Steroid Injections for Pain Management (L39036): [https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39036&ver=15&bc=0] accessed 08/30/24.