


<b>MEDICAL POLICY</b>	<b>Back: Facet Joint Interventions for Pain Management (Medicare Only)</b>
<b>Effective Date: 05/1/2021</b>   <b>5/1/2021</b>	Medical Policy Number: 13
	Medical Policy Committee Approved Date: 2/16; 10/16; 10/17; 12/18; 11/19; 6/2020; 2/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<b>For dates of service 04/25/2021 and forward:</b> <i>Facet Joint Interventions for Pain Management</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): Facet Joint Interventions for Pain Management (<a href="#">L38803</a>)<sup>1</sup></li> <li>Local Coverage Article (LCA): Billing and Coding: Facet Joint Interventions for Pain Management (<a href="#">A58405</a>)<sup>2</sup></li> </ul>
<b>For dates of service prior to 04/25/2021:</b> <i>Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy</i>	<ul style="list-style-type: none"> <li>LCD: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (<a href="#">L34995</a>)<sup>3</sup></li> <li>LCA: Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (<a href="#">A57728</a>)<sup>4</sup></li> </ul>

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual.*

<b>MEDICAL POLICY</b>	<b>Back: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (Medicare Only)</b>
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*Therefore, the commercial medical policy, **Medical Policy; Back: Radiofrequency Ablation for Persistent Facet Pain (All Lines of Business Except Medicare)**, applies to the following services:*

- Radiofrequency ablation of the sacroiliac joint

### CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
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)
No Prior Authorization Required	
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)
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)
Not Covered	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT),

<b>MEDICAL POLICY</b>	<b>Back: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (Medicare Only)</b>
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	cervical or thoracic; third and any additional level(s) (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)
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
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)
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
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)

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

<b>MEDICAL POLICY</b>	<b>Back: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (Medicare Only)</b>
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## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

## MEDICAL POLICY CROSS REFERENCES

- Back: Radiofrequency Ablation for Persistent Facet Pain (All Lines of Business Except Medicare)

## REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD): Facet Joint Interventions for Pain Management (L38803). Original Effective Date: For services performed on or after 04/25/2021. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=38803>. Accessed 04/30/2021.
2. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article: Billing and Coding: Facet Joint Interventions for Pain Management (58405). Original Effective Date: 04/25/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=58405>. Accessed 04/30/2021.
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD): Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (L34995). Revision Effective Date: For services performed on or after 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34995>. Accessed 11/25/2020.
4. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article: Billing and Coding: Facet Joint Injections, Medial Branch Blocks, and Facet Joint Radiofrequency Neurotomy (A57728). Original Effective Date: 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57728>. Accessed 11/25/2020.