Facet Joint Injection

Policy Number:	**M20130703050**
Effective Date:	**8/1/2013**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for Facet Joint Injections.

Policy:

Medicare Advantage:
There is currently a Local Coverage Article (LCA) and a Local Coverage Determination (LCD) for facet joint injections. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus, and Essential Plan:
New York State Medicaid, MediSource Connect, Child Health Plus and Essential Plan will cover injections (both therapeutic and diagnostic) in the cervical and thoracic area as stated below. However, per New York State Medicaid coverage criteria, New York State Medicaid, MediSource Connect, Child Health Plus and Essential Plan will not cover therapeutic lumbar and sacral injections for the treatment of low back pain. This is despite diagnostic injections being a covered benefit.

Commercial and Self-Funded: may be covered utilizing the criteria below**.**

FACET JOINT INJECTIONS may be considered ***medically necessary in the diagnosis*** of facet pain in persons with *chronic back or neck pain* (pain lasting more than 3 months in spite of appropriate non-surgical interventions), and when the clinical criteria and injection frequency guidelines are met, as outlined below.

General requirements for facet injections (all required):

1. Prior to all procedures, documentation of an evaluation including history and appropriately focused musculoskeletal and neurological physical examination by the provider with findings consistent with facet joint arthropathy and specific levels of involvement.
2. Prior to the therapy, description of indications and medical necessity, as follows:
    - Suspected organic problem
    - Radiologic examination if indicated to rule out other etiologies or potential contraindications
    - Pain and disability of moderate-to-severe degree
    - 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.
    - No evidence of contraindications. They include but are not limited to:
        - Trauma
        - Suspected malignancy
        - Systemic infections or bleeding tendencies including anticoagulation therapy
        - Infection at the injection site
    - Documentation of failure of responsiveness to conservative modalities for a minimum of 6 weeks of treatment such as medications (analgesics, anti-

inflammatory drugs, muscle relaxants), exercise and physical therapy, immobilization, during the 3-month time period.

3. In all cases, assessment of this procedure outcome depends on the patient's responses and, therefore, documentation should also include:
    - Pre-and post-procedure evaluation of patient including documentation of pain levels
4. A maximum of two (2) facet joint injection sessions inclusive of medial branch blocks, intraarticular injections, may be performed per year in the cervical/thoracic spine; i.e. a total of four (4) diagnostic injection sessions

Requirements for diagnostic facet injections:

1. Repeat injection would be considered medically necessary only upon documented 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 confirm the etiology of pain and effectiveness of the injection.
2. Dual medial branch blocks are necessary to diagnose facet pain due to the high false positive rates of single medial branch blocks.
3. A second confirmatory branch block is allowed if documentation indicates the first medial branch block produced ≥ 80% relief of primary (index) pain and duration of relief is consistent with the agent employed.
4. Additional requirements:
    - No more than 2 joint levels bilaterally or 3 joint levels unilaterally may be allowed in a 14-day period to determine the origin of the member's pain (i.e., each series of injections within this guideline counts as 1 session of treatment for the member);
    - Two to three adjacent levels may need to be injected before the level(s) is (are) determined.

Requirements for therapeutic facet injections (all required):

1. **For therapeutic intra-articular facet joint injection, evidence is insufficient, conflicting or poor and demonstrates an incomplete assessment of the net benefit vs harm; additional research is recommended. Therefore, they are considered experimental / investigational and not covered.**
2. **The intent of facet joint injection is diagnosis for candidacy for facet neurotomy and not to be utilized for pain management.**

Pre-Authorization Required? Yes ☐ No ☒

Pre-authorization is not required at the present time. Claims are subject to review and may pend for clinical evaluation of medical necessity and may be denied. The criteria above will be utilized upon retrospective review.

Definitions

Double comparative nerve block uses two local anesthetics with different durations of action, one on each of two separate occasions. If each of the two injections relieves pain the duration expected for the anesthetic used, facet joint pain may be reliably diagnosed.

Facet joint injection and/or facet nerve block is an injection of local anesthetic and/or steroid into the facet joint or around the nerve supply to the facet joint (e.g., medial branch nerve). The diagnostic objective is to help determine the origin of the back or neck pain. If facet pain is confirmed through a diagnostic injection, therapeutic injections may be considered. The therapeutic objective is relief of back or neck pain unresponsive to conservative treatment (e.g., oral medications, rest/limited activity, and/or physical therapy). It is suggested procedures be performed with imaging guidance.

Facet Joint Arthropathy (joint disease) is diagnosed through a double-comparative local anesthetic blockade of a joint, either by intra-articular injection of a small volume of local anesthetic or blockade of the medial branch nerves of the dorsal rami innervating the joint with a small volume of local anesthetic.

Facet Loading Test is the physical exam and analysis of the patient's symptoms that can help identify the facets that will be subjected to diagnostic blocks. Clinical findings such as tenderness to palpation over the facet joint and the cutaneous distribution of pain help identify the facet joint to be injected. For cervical facet joints, there are distinctive segmental pain patterns, with some overlap between these patterns and those for cervical discogenic pain. If the patient has marked tenderness to palpation of a particular facet joint or if pain increases with motion or loading of the joint, trial blockade of the joint may be considered. Acute synovitis may present as posterior focal discrete pain, easily identifiable by palpation and axial loading, and referral pattern. Intra-articular facet injections can play a role in precisely localizing the source of pain.

Facet Nerve Denervation (also known as Facet Neurotomy or Facet Rhizotomy) uses electrodes to generate radio waves that pass through the skin to produce heat in order to destroy the sympathetic nerve supply of the painful spinal structure. Please see the Independent Health policy titled Facet Nerve Denervation (Facet Neurotomy or Facet Rhizotomy).

References

Related Policies, Processes and Other Documents
Facet Nerve Denervation (Facet Neurotomy or Facet Rhizotomy); Policy No. M20130703051

Non-Regulatory references
Symplr, Inc. Medical Technology Directory Report *Facet Blocks for Chronic Back Pain*; Houston, TX: October 2006.

Symplr, Inc. Medical Technology Directory Report Intra-articular Facet Joint Injections for the Treatment of Chronic Nonmalignant Spinal Pain of Facet Joint Origin; Houston, TX: April 2018.

Van Zundert Jan, Jacob Petain, Craig Hartrick, Arno Lataster, Frank Huygen, Nagy Mekhail, and Maarten van Kleef eds. Evidence-based Interventional Pain Practice: According to Clinical Diagnoses. Chichester: John Wiley & Sons, Ltd, 2012. Print.

Van Zundert J, Hartrick C, Patijn J, et al. Evidence-based interventional pain medicine according to clinical diagnoses. Pain Pract. 2011 Sep-Oct; 11(5):423-9.

Won HS, Yang M, Kim YD. Facet joint injections for management of low back pain: a clinically focused review. Anesth Pain Med (Seoul). 2020 Jan 31;15(1):8-18.

Regulatory References

Center for Medicare and Medicaid Services (CMS) [web site], Local Coverage Article: Billing and Coding: Facet Joint Interventions for Pain Management (A57826). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35936&ver=58&= Accessed June 18, 2026.

Center for Medicare and Medicaid Services (CMS) [web site], Local Coverage Determination (LCD): Facet Joint Interventions for Pain Management (L35936). Available at https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57826&ver=36 Accessed June 18, 2026.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest) MA – 00234; August 19, 2003.

New York State Department of Health [web site] New York Medicaid Updates; April 2012 Volume 28 - Number 5; Available at: http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-04.htm#low Accessed June 18, 2026.

New York State Department of Health [web site] New York Medicaid Updates; November 2012 Volume 28 - Number 13; Available at: http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-11.htm#low Accessed June 18, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Reviewed
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10/1/2019	Medical Management	Revised
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