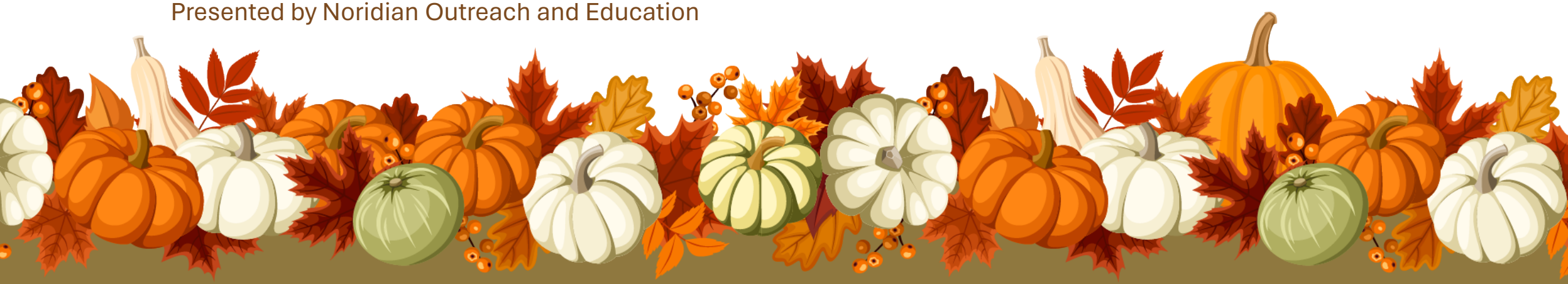
HARVESTING RELIEF: FACET JOINT INTERVENTION FOR PAIN MANAGEMENT

October 2025

Presented by Noridian Outreach and Education



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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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- Lines muted upon entry
- Must be logged into GoToWebinar to receive Continuing Education Unit (CEU)
  - Attend entire webinar
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  - Keep questions to previous or current slide and scenarios not addressed
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- Audio or video issues – check internet connection and requirements
- Unable to hear – change audio settings or use call-in number
- Webinar recorded and available soon on website for future viewing

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TODAY'S PRESENTER

- Valerie Cavett
  - Part A Provider Outreach and Education Representative



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AGENDA

- Local Coverage Determination (LCD) and Billing and Coding Article
- Coding
- Coverage Criteria
- Limitations
- Frequently Asked Questions (FAQs)
- Resources

LOCAL COVERAGE DETERMINATION (LCD) AND BILLING AND CODING ARTICLE



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FACET JOINTS AND LEVELS

- Classified by specific vertebrae level
  - Example: C4-5 or L2-3
- Each level has bilateral facet joints
  - Right and left
- Two medial branch nerves innervate each joint

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DEFINITIONS

- Facet Level:
  - Facet joint; or
  - Two medical branch (MB) nerves, innervating the joint
- Session:
  - All facet interventions performed in one day
    - Medial Branch Block (MBB)
    - Intra-Articular (IA) Injections
    - Facet cyst rupture
    - Radiofrequency Ablation (RFA)
- Region:
  - Segments involved
    - Cervical or Thoracic
    - Lumbar or Sacral

COVERAGE OVERVIEW (LCD AND LCA)

LOCAL COVERAGE DETERMINATION (LCD)

- Billing and coding guidance
- Billing and Coding: Facet Joint Interventions for Pain Management
  - JE: A58403
  - JF: A58405

LOCAL COVERAGE ARTICLE (LCA)

- Coverage guidance
- Facet Joint Interventions for Pain Management
  - JE: L38801
  - JF: L38803

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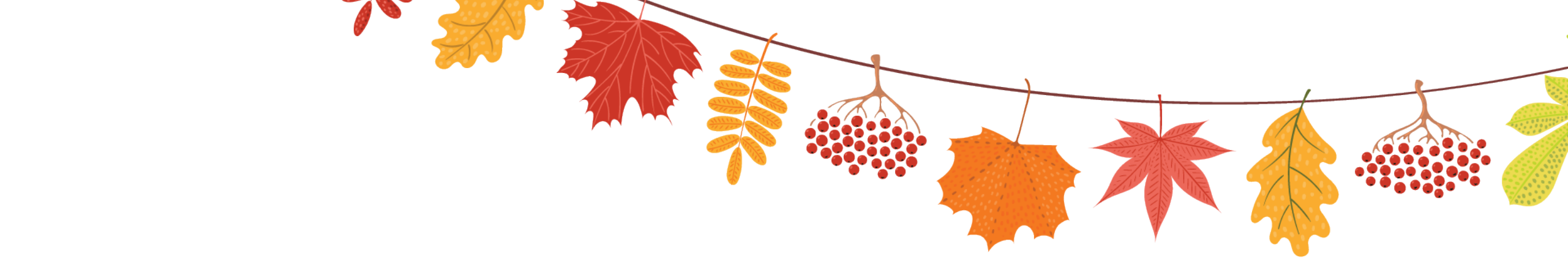

CODING



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FACET INJECTION CODE OVERVIEW

- Injection(s), diagnostic or therapeutic agent
- Paravertebral facet joint, or nerves innervating that joint
- Image guidance (fluoroscopy or computerized tomography (CT)
- Cervical or thoracic
  - 64490, single level
  - 64491, second level
- Lumbar or sacral
  - 64493, single level
  - 64494, second level

RFA CODE OVERVIEW

- Final goal of diagnostic injections
- Destruction by neurolytic agent
- Paravertebral facet joint nerve(s)
- With imaging guidance (fluoroscopy or CT)
- Cervical or thoracic
  - 64633, single facet joint
  - 64634, each additional facet joint
- Lumbar or sacral
  - 64635, single facet joint
  - 64636, each additional facet joint

MODIFIER 50 OVERVIEW

- Append to CPT® code(s) if bilateral procedure performed
- Exception: If performed in ambulatory surgery center (ASC)
  - Use RT or LT modifiers on separate lines

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MODIFIER KX OVERVIEW

- Append to all CPT® code(s) for diagnostic facet procedure performed
  - Example: Unilateral L3-4 and L4-5 MBBs performed
    - 64493 KX
    - 64494 KX
- Typically for initial two diagnostic procedures
  - Need based on supporting literature

FACET JOINT PROCEDURES

- Diagnosis and treatment of chronic neck or back pain
  - MBBs
    - Injecting nerves innervating facet joint
  - IAs
    - Flooding joint
  - RFAs
    - Thermal radiofrequency destruction of medial branch nerves
- Use of anesthetic, corticosteroids, anti-inflammatories, or contrast agents
  - Claim will deny if other products are injected

COVERAGE CRITERIA



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DOCUMENTATION REQUIREMENTS

- Medical record should include:
  - Assessment of patient by performing provider for that visit
  - Relevant medical history
  - Pertinent tests and procedure results
  - Signed and dated office visit record and operative report

MEDICAL NECESSITY CRITERIA

- Three months moderate to severe, chronic pain
  - Neck or back
- Predominantly axial
- Functional deficit
- Failure of noninvasive conservative care
- Absence of radiculopathy or neurogenic claudication
- No non-facet pathology

PAIN ASSESSMENT

- Support in medical record at:
  - Baseline; and
  - After each diagnostic procedure
- Utilize same pain scale
- Refer to LCD for list of acceptable scales

FUNCTIONAL ASSESSMENT

- Support in medical record at:
  - Baseline
- Refer to LCD for list of acceptable scales

DIAGNOSTIC PROCEDURE

- Main goal is to diagnose facet syndrome
  - Intent to perform RFA for treatment goal
- Initial diagnostic procedure appropriate if medical necessity criteria met
- IA blocks are only considered diagnostic if MBB cannot be performed due to anatomic restriction
  - Needs to be clearly documented

SECOND DIAGNOSTIC PROCEDURE

- Necessary to confirm efficacy of initial procedure
- Performed minimum of two weeks after initial diagnostic procedure
  - Evidentiary analysis to identify facet syndrome
  - Individual consideration may be made on appeal
- Medically reasonable:
  - Criteria for first diagnostic injection met; and
  - First diagnostic injection provided greater than 80 percent relief of primary pain
    - With duration consistent with agent used

LIMITATIONS

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DIAGNOSTIC FREQUENCY LIMITATIONS

- For each covered spinal region:
  - No more than four diagnostic joint sessions per rolling 12 months
    - CPT codes: 64490, 64491, 64493, 64494
      - Three or four-level procedures, CPT codes 64492 and 64495 are not medically necessary and therefore non-covered

THERAPEUTIC PROCEDURE

- Greater than 80 percent relief of primary pain from medically necessary dual diagnostic facet procedures; and
- Repeat therapeutic procedures at same site:
  - Greater than 50 percent pain relief for at least three months from prior therapeutic; or
  - Greater than 50 percent improvement in ability to perform previously painful movements and activities of daily living (ADLs); and
- Documentation must support why an RFA is unable to be performed

THERAPEUTIC FREQUENCY LIMITATIONS

- For each region:
  - No more than four therapeutic IA sessions per rolling 12 months
  - CPT codes: 64490, 64491, 64493, 64494
- Justification on why RFA cannot be performed required

FACET JOINT DENERVATION

- Initial RFA requirements:
  - Underwent two medically necessary MBBs, each having provided 80 percent pain relief of primary pain; and
- Repeat RFA if:
  - Greater than 50 percent improvement of pain for at least six months; or
  - Greater than 50 percent improvement in ability to perform previously painful movements and ADLS compared to baseline
- Greater than 80 degrees Celsius

DENERVATION FREQUENCY LIMITATIONS

- For each covered spinal region:
  - No more than two RFA sessions per rolling 12 months
  - CPT codes: 64633, 64634, 64635, 64636
- 64634 and 64636 describe each additional level
  - Each additional level should be reported as additional unit of add on code in addition primary procedure
    - E.g., 64634 used conjunction with 64633
    - E.g., 64636 used conjunction with 64635
- If prior RFA greater than two years, and or source of pain in question, diagnostic procedures must be repeated

FACET CYST ASPIRATION AND RUPTURE

- Confirmation of synovial facet cyst causing compression or displacement of nerve root via advanced diagnostic imaging study and;
- Documentation supporting synovial facet cyst is causing clinical and physical symptoms

FREQUENCY LIMITATION

- Cyst Aspiration and Rupture
  - May be repeated once if greater than 50 percent consistent improvement in pain for at least three months

LIMITATIONS

- CT or fluoroscopic guidance required
  - Ultrasound does not provide anatomical detail
- General anesthesia and sedation not reasonable or routinely reimbursable
- One spinal region per session
- Multiple blocks on same day not reasonable
  - Causes improper or lack of diagnosis

ADDITIONAL LIMITATIONS

- Facet joint procedures for generalized pain conditions (such as fibromyalgia) or chronic centralized pain syndromes are considered not reasonable and necessary
  - Consideration on appeal
- In patients with implanted electrical devices, providers must follow manufacturer instructions and extra planning as indicated to ensure safety of procedure
- May involve use of anesthetic, corticosteroids, anti-inflammatories, and/or contrast agents
  - Does not include injections of not FDA approved biologicals

NOT REASONABLE AND NECESSARY

- Intraarticular and extraarticular facet joint prolotherapy
- Non-thermal modalities for facet joint denervation including chemical, low-grade thermal energy (less than 80 degrees Celsius), laser neurolysis, and cryoablation
- Intra-facet implants
- Facet joint procedure performed after anterior lumbar interbody fusion or ALIF
- Definitive clinical and/or imaging findings pointing to specific diagnosis other than facet joint syndrome
- Diagnostic injections or MBB at the same level as the previously successful RFA procedure

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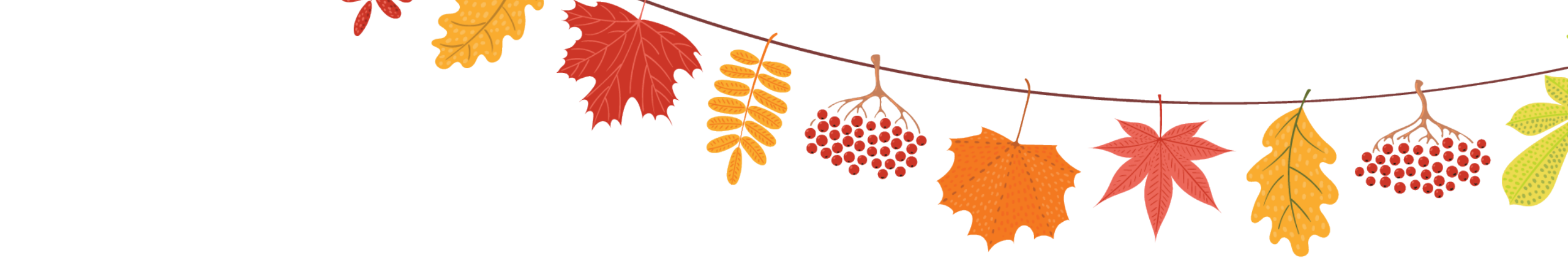

FREQUENTLY ASKED QUESTIONS (FAQS)

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FAQ

- Can a provider perform four injections on the same side in one session?
  - No, policy allows maximum of two unilateral or four bilateral per session. One spinal region allowed per session with one – two levels unilateral or bilateral per session.
- If facet joint injection performed per LCD and in addition to steroid biological is added to injectant, will the facet injection still be covered?
  - No, if facet joints are injected with biologicals or other substances not designated for this use, entire claim will deny.

FAQ 1

- Can certified registered nurse anesthetists (CRNAs) perform facet joint interventions?
  - Must be within scope of practice for CRNAs in their state to perform.
  - Must be certified by an accredited and nationally recognized organization or by post-graduate training course accredited by established national accrediting body or accredited professional training program.

FAQ 2

- If patient is coming from out of town and needs to reverse anticoagulation before proceeding with facet joint diagnostic injections and provider feels that two-week delay between injections is not in best interest of patient, what do we do?
  - Rationale for performing diagnostic injections at shorter interval must be clearly documented in medical record. Modifier KX should be used since it is diagnostic, and exception may be considered on individual basis.

FAQ 3

- Is there a limit of two levels per region per session? What if patient needs injections at three levels in same region?
  - Yes, three level procedures are less commonly indicated. If determined a need for third or fourth level procedure, it may be considered under unique circumstances with sufficient documentation of medical necessity upon appeal.
- Can RFA be repeated in six months?
  - Yes, if patient had two confirmatory diagnostic blocks resulting in 80 percent pain relief and previous RFA resulted in 50 percent improvement in pain for at least six months; patient may repeat RFA up to two times in rolling 12 months if indicated.

FAQ 4

- Does billing for T12-L1 level count as two regions?
  - No, it doesn't count as two regions. Use CPT code 64490 for T12-L1 facet injections for diagnostic or therapeutic intervention and CPT code 64633 for any T12-L1 neurolytic intervention.
- Can RFA be performed on surgically spinal fused level?
  - No, RFA cannot be performed after anterior lumbar fusion (ALIF), as there is no literature regarding use of RFA at a fused posterior spinal segment.

FAQ 5

- Can facet joint interventions be performed under sedation?
  - Facet joint interventions are typically only performed with local anesthetic. If indicated, minimal sedation can be given to relieve anxiety if it has little to no effect on patient awareness. Use of moderate to deep sedation and general anesthesia are not medically reasonable and necessary.
- If provider performs MBB and there is little to no improvement, can they then perform IA facet injection?
  - No, diagnostic injections would be considered negative. LCD clearly defines degree of improvement necessary to proceed to next step.

FAQ 6

- Is documentation for both pain and disability scale required at baseline?
  - Pain scale alone may be utilized; if provider wishes to use disability scale for establishing indication for follow up procedure, they must have an already documented baseline disability scale.
- If patient wants three levels in same region injected, can provider bill first two levels to Medicare and third level if Advance Beneficiary Notice of Noncoverage (ABN) is signed?
  - Yes, submit third level claim for appeal. If reasonable and necessary criteria met, beneficiary would be reimbursed by Medicare.

FAQ 7

- Is there a limitation of two diagnostic MBBs per spine region for all spine regions for a rolling 12-month period?
  - Two diagnostic MBBs may be performed per session. If patient fails to respond and there is concern that pain generator was not identified, two additional blocks may be performed at different level in separate session. Total number of diagnostic blocks for all levels within spinal region is four in rolling 12 months. Again, only one spinal region treated in same session.

FAQ 8

- Why should small doses of steroid not be used in diagnostic blocks?
  - The policy does not restrict injectant to local anesthetic alone but, if steroids are used, consideration for longer duration between diagnostic injections should be made to avoid risk of higher systemic doses of steroids.
- Is the KX modifier required to be submitted on therapeutic injection claims?
  - No, KX modifier is only needed on diagnostic injection claims.

RESOURCES



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NORIDIAN RESOURCES

- Facet Joint Interventions for Pain Management - JE Part A
- Facet Joint Interventions for Pain Management - JF Part A
- Jurisdiction E Part A (JEA) Medical Review Forms
- Jurisdiction F Part A (JFA) Medical Review Forms



THANK YOU!

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- **You influence what comes next.**
  - Suggestions for future topics and formats help us tailor sessions to your evolving needs.
- **You drive excellence.**
  - Every response is reviewed to ensure we're meeting expectations and continuously enhancing your experience.

- The survey asks:
  - Your satisfaction with today's experience
  - Likelihood to recommend and return
  - What worked, and what didn't
  - Ideas for future sessions

CLOSING REMINDERS

QUESTIONS

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- Written only
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- Lower hand when answered
- Unrelated questions? Call Customer Service in your jurisdiction
- Not a Noridian provider? Send questions to your respective MAC

CEUS

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