Paravertebral Facet Joint Blocks
Medicare Local Coverage Determination (LCD) - L33930 Checklist

LCD-L33930 A57787	**Patient Name:**	**MR:**

Effective Date: For services performed on or after 10/01/2015

Paravertebral Facet Joint Blocks: A paravertebral facet joint represents the articulation of the posterior elements of one vertebra with its neighboring vertebrae. For purposes of this Local Coverage Determination (LCD), the facet joint is noted at a specific level, by the vertebrae that form it (e.g., C4-5 or L2-3). It is further noted that there are two (2) facet joints at each level, left and right. During a paravertebral facet joint block procedure, a needle is placed in the facet joint or along the medial branches that innervate the joints under fluoroscopic guidance and a local anesthetic and/or steroid is injected. After the injection(s) have been performed, the patient is asked to indulge in the activities that usually aggravate his/her pain and to record his/her impressions of the effect of the procedure. Temporary or prolonged abolition of the pain suggests that the facet joints are the source of the symptoms and appropriate treatment may be prescribed in the future. Some patients will have long lasting relief with local anesthetic and steroid, others will require a denervation procedure for more permanent relief. Before proceeding to a denervation treatment the patient should experience at least a 50% reduction in symptoms for the duration of the local anesthetic effect.

Note: Diagnostic or therapeutic injections/nerve blocks may be required for the management of chronic pain. It may take multiple nerve blocks targeting different anatomic structures to establish the etiology of the chronic pain in a given patient. It is standard medical practice to use the modality most likely to establish the diagnosis or treat the presumptive diagnosis. If the first set of procedures fail to produce the desired effect or to rule out the diagnosis, the provider should then proceed to the next logical test or treatment indicated. For the purpose of this paravertebral facet joint block LCD, an anatomic region is defined per CPT as cervical/thoracic (64490, 64491, 64492) or lumbar/sacral (64493, 64494, 64495).

COVERAGE INDICATIONS

Facet Joint Blocks will be considered medically reasonable and necessary when the applicable criteria below is met:

For chronic pain (persistent pain for three (3) months or greater) suspected to originate from the facet joint. Facet joint block is one of the methods used to document/confirm suspicions of posterior element biomechanical pain of the spine.

□ **Hallmarks of posterior element biomechanical pain are:**
- The pain does not have a strong radicular component.
- There is no associated neurological deficit and the pain is aggravated by hyperextension, rotation or lateral bending of the spine, depending on the orientation of the facet joint at that level.

□ **Ordered and Furnished by Qualified Personnel**:
A Qualified Physician:
A) Physician is properly enrolled in Medicare.
B) Training and expertise must have been acquired within the framework of an accredited residency and/or fellowship program in the applicable specialty/subspecialty in the United States or must reflect equivalent education, training, and expertise endorsed by an academic institution in the United States and/or by the applicable specialty/subspecialty society in the United States.

LIMITATIONS

It is not expected 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**.

Paravertebral blocks, facet joint injections, and medial branch blocks per "Current Procedural Terminology (CPT)" should be performed utilizing direct visualization with fluoroscopy and documented. **Blocks performed without the use of fluoroscopy are considered not medically necessary.**

FREQUENCY OF INJECTIONS

DIAGNOSTIC PHASE	THERAPEUTIC PHASE
•Procedures performed during the diagnostic phase should be limited to three (3) levels (whether unilateral or bilateral) for each anatomical region as defined in this LCD on any given date of service. •A diagnostic block can be repeated once, at any given level, at least one week (preferably 2 weeks) after the first block. If repeated, strong consideration should be given to utilizing administration of an anesthetic of different duration of action. (This helps confirm the validity of the diagnostic facet block, and may reduce the incidence of false positive responses due to placebo effect). •Once a structure is proven to be negative as a pain generator, no repeat interventions should be directed at that structure unless there is a new clinical presentation with symptoms, signs, and diagnostic studies of known reliability and validity that implicate the structure.	•Other interventional pain management procedures done on the same day as paravertebral facet joint blocks should be rare. In certain circumstances a patient may present with both facet and sacroiliac problems. In this case, it is appropriate to perform both facet injections and SI injection at the same session assuming that these are therapeutic injections and that prior diagnostic injections (blocks) have demonstrated that both structures contribute to pain generation. • The medical record must clearly support both procedures. It is recognized that this is not common and the frequency with which these codes are combined will be monitored. Multiple procedure modifiers will apply to intra-articular sacroiliac injection.

DOCUMENTATION REQUIREMENTS

Medical necessity for providing the service must be clearly documented in the patient's medical records.

□ Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.

□ The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

□ Assessment of the outcome of this procedure depends on the patient's responses, therefore documentation should include:
•Whether the block was a diagnostic or therapeutic injection
•Pre and postoperative evaluation of patient
•Patient education
•Subjective and objective responses from the patient regarding pain, including facet pain provocative maneuvers documented by pre and post operative measurement

□ According to ASIPP guidelines, a positive response to the paravertebral facet joint block is noted when a greater than 50% relief of pain is obtained.

□ Placement of the needle at the facet joint must be performed under the fluoroscopic guidance to ensure safety and accuracy of the injection procedure, and this must be documented in the patient's medical record.

Note: If LCD criteria is not met, documentation must clearly outline the patient's episode of care that supports the procedure and must clearly address the reason(s) for coverage.

CODING GUIDANCE

Anatomic Regions Defined Per CPT Codes

Cervical/Thoracic Region

□ **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 (add-on)**-Second level (List separately in addition to code for primary procedure)
□ **+64492 (add-on)**-Third and any additional level(s) (List separately in addition to code for primary procedure)

Lumbar/Sacral Region

□ **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 (add-on)**-Second level (List separately in addition to code for primary procedure)
□ **+64495 (add-on)**-Third and any additional level(s) (List separately in addition to code for primary procedure)

Guidelines and Tips

Per "CPT" Imaging guidance (fluoroscopy CT) and any injection of contrast are inclusive components of 64490-64495

Additional Coding Guidance

□ Imaging guidance (fluoroscopy CT) and any injection of contrast are inclusive components of **64490-64495**
□ Codes **64490-64495** are unilateral procedures
□ The multiple procedures modifier 51 should not be appended to the add-on codes **64491, 64492, 64494 or 64495** because these are add-on codes and exempt from multiple procedure concept

□ **Cervical/Thoracic codes 64490,64491,64492 and Lumbar/Sacral codes 64493,64494,64495** are reported only once when the injection procedure is performed irrespective of whether a single or multiple puncture is required to anesthetize the target joint at a given level and side. To clarify, only one facet injection code should be reported at a specific level and side injected (e.g., right L4-5 facet joint), regardless of the number of needle(s) inserted or number of drug(s) injected at that specific level.

For information regarding ICD-10 codes that support medical necessity, refer directly to the language provided within the billing and coding Article A57787

Checklist completed by: **Date:**

Disclaimer: The content of the checklists were created as an educational tool. Use of these documents are not intended as a replacement for the documentation requirements published in National or Local Coverage Determinations, or the CMS's documentation guidelines, written law or regulations. Medicare policy changes frequently; Providers/Departments are reminded to review current National and Local Coverage Determination and Policy Articles for specific documentation and coding guidelines.