

FUTURE DRAFT Local Coverage Determination (LCD) for Surgery: Lumbar Facet Blockade (DL32116)

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Please note: This is a Draft policy.

Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

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Please note: This is a Future Draft LCD.

Contractor Information

Contractor Name

Cahaba Government Benefit Administrators®, LLC

[Back to Top](#)

Contractor Number

10202

Contractor Type

MAC - Part B

LCD Information

Document Information

DRAFT

FUTURE

Primary Geographic Jurisdiction

Georgia

Oversight Region

Region IV

LCD ID Number

DL32116

Original Determination Effective Date

For services performed on or after 01/01/2012

LCD Title

Surgery: Lumbar Facet Blockade

Original Determination Ending Date

Contractor's Determination Number

Revision Effective Date

For services performed on or after 01/01/2012

AMA CPT/ADA CDT Copyright Statement

Revision Ending Date

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1833 (e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
- Medicare Benefit Policy Manual (Pub.100-02), Chapter 15, Section 80 – Requirements for Diagnostic x-ray, Diagnostic Laboratory, and Other Diagnostic Tests.
- Medicare National Coverage Determinations (NCD) Manual (Pub. 100-03), Chapter 1, Part 1, Section 30.3 – Acupuncture.
Part 2, Section 150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents

Indications and Limitations of Coverage and/or Medical Necessity

Background

For the purposes of this LCD, a zygapophyseal (ZP) joint 'level' refers to the intra-articular joint or the two medial branch nerves that innervate that ZP joint.

Additionally, cervical and thoracic facet blockade are not addressed in this LCD, however, are covered when reasonable and necessary.

The spinal facet joints are probable causes of somatic low back pain. The facet, or ZP, joint is a paired diarthrodial articulation at the junction of the superior and inferior articular processes of adjacent vertebrae. Facet joints are innervated by the medial branches of the dorsal rami of the segmental nerves. The medial branch nerves from two adjacent dorsal rami innervate each joint.

Lumbar facet blockade techniques are used in the diagnosis and/or treatment of chronic low back pain (LBP) and may alleviate LBP associated with:

1. Hypertrophic arthropathy of the facet joints;
2. Post-traumatic injury states; and/or
3. Suspected motion segment instability/hypermobility or pseudoarthrosis following fusion.

History and physical exam cannot discriminate facet pain from other sources of pain. There are no imaging modalities (e.g. MRI, SPECT, CT, plain radiographs) or physiological tests (e.g. ROM testing) that have adequate diagnostic power to confidently incriminate the facet joint as the pain generator.

Historically, both intra-articular blocks (IA) and medial branch blocks (MBB) have been used for diagnosis and treatment of LBP due to facet arthropathy. An optimal diagnosis of facet mediated pain requires dual medial branch blocks (DMBB).

The efficacy of IA in the treatment of LBP has not been established in the literature; therefore, this LCD does not allow coverage of therapeutic IA.

This LCD allows coverage of diagnostic IA and diagnostic DMBB.

Indications

1. Diagnostic IA or DMBB

Diagnostic lumbar facet joint nerve blocks are recommended in patients with suspected facet joint pain when all of the following criteria are met:

- A. Patients suffering with somatic or non-radicular low back and lower extremity pain, with duration of pain of at least 3 months with no definitive radiological cause.
- B. Average pain levels are of greater than 6 on a scale of 0 to 10.
- C. Pain is at least intermittent or continuous causing functional disability. The functional disability must be documented in the medical record.
- D. Condition has failed to respond to more conservative management, including physical therapy modalities, chiropractic management and medication management. This criterion may be waived if documentation supports inability to undergo the above outlined conservative management.

A positive diagnostic response is based on the following evidence:

- Patient has met the above indications.
- Patient responds positively to controlled local anesthetic blocks either with placebo control or comparative local anesthetic blocks with appropriate response to each local anesthetic of < 1 mL for each nerve or joint.
- Almost complete relief of pain, as indicated by a post procedure pain score of 3 or less on a scale of 0 to 10, and the ability to perform previously painful movement.

2. Therapeutic DMBB

A DMBB therapeutic injection may be indicated when there has been:

- A. A positive diagnostic response, or
- B. A previous positive therapeutic response.

A positive therapeutic response is described as:

- Persistent pain relief for a minimum of six (6) weeks of \geq (greater than or equal to) 50% with the continued ability to perform previously painful maneuvers.

3. Facet Destruction by Neurolytic Agent

- A. If adequate but short term relief occurs from prior therapeutic DMBB, then facet destruction by neurolytic agent may be a reasonable treatment option in those with a secure diagnosis of facet pain.
- B. The effects of appropriately performed facet destruction should last at least six (6) months or more and, in some cases, are permanent. Repeat facet destruction procedures of the same level can be considered reasonable and necessary with appropriate documentation in the medical record of return of pain and loss of function.

Limitations

- 1. Care of the patient with chronic LBP requires a multidisciplinary (e.g., physical therapy, chiropractic treatment, home exercise program, etc.) treatment program.

2. Lumbar facet blockade for the treatment of acute back pain (less than 3 months' duration) is considered not reasonable and necessary.
3. An injection session is defined as all facet injections administered during a 24 hour period for a specific date of service in the lumbar region. Therefore,
 - A. In the first year, up to six (6) facet injection sessions may be performed in the lumbar region: up to two (2) diagnostic and up to four (4) therapeutic.
 - B. In the following years, up to four (4) therapeutic facet injection sessions may be performed in the lumbar region.
4. A maximum of two (2) facet destruction sessions per nerve level per year may be performed in the lumbar region. The rationale for more frequent facet destruction must be documented in the medical record.
5. Performance of more than one type of injection for pain treatment, such as epidural, sacroiliac joint injections or lumbar sympathetic injections, on the same day as diagnostic lumbar facet blockade is not considered reasonable and necessary.
6. IA, DMBB (diagnostic and/or therapeutic) or neurolysis must be performed under fluoroscopic or computed tomographic (CT) guidance; ultrasonic guidance (CPT 0216T, 0217T, 0218T) will be denied as investigational.
7. Injections into the paravertebral musculature must not be billed as IA or DMBB.
8. Clinicians performing these services must have appropriate training in interventional pain management and radiographic guidance. Documentation of this training must be maintained at the site of practice.
9. The following are not covered:
 - A. Pulsed radiofrequency lesioning.
 - B. Intra-articular or extra-articular facet joint prolotherapy.

[Back to Top](#)

Coding Information

[DRAFT]

[FUTURE]

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x	Not Applicable
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Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes**GroupName****Note: Effective 01/01/2012, CPT codes 64622 and 64623 are replaced with 64635 and 64636.**

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)
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)
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

GroupName**The CPT codes listed below will be denied as investigational.**

0216T - 0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH ULTRASOUND GUIDANCE, LUMBAR OR SACRAL; SINGLE LEVEL - 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)
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)

ICD-9 Codes that Support Medical Necessity

There are numerous reasonable and necessary conditions that might warrant the use of these procedures but which are too numerous to list. However, an appropriate ICD-9-CM diagnosis code must be submitted with each claim and failure to do so may result in denial or delay in claim processing.

ICD-9 codes must be coded to the highest level of specificity. Consult the 'Official ICD-9-CM Guidelines for Coding and Reporting' in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

XX000*	Not Applicable
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N/A

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

See narrative above for "ICD-9 Codes that Support Medical Necessity".

Diagnoses that DO NOT Support Medical Necessity

N/A

[Back to Top](#)

General Information

[**DRAFT**]

[**FUTURE**]

Documentations Requirements

In general, documentation includes an initial evaluation, a periodic re-evaluation, and a procedure note. The following outlines the minimum documentation expectations and should reflect the 'Indication' requirements.

Initial Evaluation

- A. History:
 - i. A detailed clinical pain history (e.g., applicable injuries, history of pain \geq 3 months, pain levels, co-morbid conditions, etc.)
 - ii. If applicable, history of prior procedural interventions (e.g., spinal surgeries, spinal blocks, etc.)
 - iii. Poor or inadequate response to, or inability to tolerate, conservative management as outlined in 'Indications'
- B. Findings of imaging studies
- C. Physical Exam:
 - Functional impairment (This should include the baseline information from which 'improvement from the block' is based.)
- D. Treatment Plan:
 - i. Details of intervention to be performed (e.g., levels, left/right, etc.)
 - ii. Any other pain management (e.g. physical therapy, medication management, etc.) to start or continue
 - iii. Additional imaging, if applicable

1. Periodic Re-evaluation

There are no proscriptive requirements for the frequency of a re-evaluation; re-evaluation of a patient who receives ongoing facet blockade interventions should occur at least every 12 - 18 months. The re-evaluation should:

- A. Summarize the patient's history
- B. Review interventions performed to date
- C. Review and assess responses to date (i.e., functional improvements from baseline, decreased pain scores, etc.)
- D. Outline rationale for ongoing interventions or other pain managements

2. Procedure Note

- A. History: A brief overview of the patient's pathology and responses to previous interventions, when applicable
 - B. Diagnostic versus therapeutic
 - C. Procedure details
 - D. Radiographic guidance (specify fluoroscopic or CT)
 - E. Patient's 'post procedure' response (e.g., pre and post pain scores, etc.)
3. All 'Indications' must be clearly documented in the patient's medical record and made available to Medicare upon request.
 4. The most recent Evaluation (i.e., Initial Evaluation or Re-evaluation) should be submitted as part of any review documentation request.
 5. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Appendices N/A

Utilization Guidelines

1. An injection session is defined as all facet injections administered during a 24 hour period for a specific date of service in the lumbar region. Therefore,
 - A. In the first year, up to six (6) facet injection sessions may be performed in the lumbar region: up to two (2) diagnostic and up to four (4) therapeutic.
 - B. In the following years, up to four (4) therapeutic facet injection sessions may be performed in the lumbar region.
2. A maximum of two (2) facet destruction sessions per nerve level per year may be performed in the lumbar region. The rationale for more frequent facet destruction must be documented in the medical record.
3. Services exceeding the above utilization parameters may be subject to medical review or auto-adjudication.

Sources of Information and Basis for Decision

- American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice Guidelines for Chronic Pain Management; An Updated Report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. 2010; April; 112(4): 810-33.
- ASIPP proposed Model LCD: Paravertebral Facet Joint/Nerve Blocks and Neurotomy – Diagnostic and Therapeutic. Available at [ASIPP Draft Proposed Facet Joint LCD Policy](#)

- Bogduk N, Dreyfuss P, Govind J. A Narrative Review of Lumbar Medial Branch Neurotomy for the Treatment of Back Pain. *Pain Med.* 2009; 10: 1035-1045
- Boswell, Mark V., MD, et al. Therapeutic Facet Joint Interventions in Chronic Spinal Pain: A Systematic Review of Effectiveness and Complications. *Pain Physician.* 2005; 8: 101-114
- Burnham RS, Hollistski S, Dimnu I. A prospective outcome study on the effects of facet joint radiofrequency denervation on pain, analgesic intake, disability, satisfaction, cost, and employment. *Arch Phys Med Rehabil.* 2009; 90: 201–205.
- Cohen SP, Raja SN. Pathogenesis, diagnosis, and treatment of lumbar zygapophyseal (facet) joint pain. *Anesthesiology.* 2007; 106(3): 591-614.
- Cohen SP, Stojanovic MP, Crooks M, et al. Lumbar zygapophyseal (facet) joint radiofrequency denervation success as a function of pain relief during diagnostic medial branch blocks: a multicenter analysis. *The Spine Journal.* 2008; 8: 498-504.
- Consultations with the representatives to the Carrier Advisory Committee and other Medicare contractors.
- CPT Assistant, March 2000 Page: 4. Category: Coding Communications. Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical, Radiofrequency)
- Manchikanti L, MD et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician.* 2009; Jul-Aug; 12(4):699-802.
- Manchikanti L, MD et al. Comprehensive Review of Therapeutic Interventions in Managing Chronic Spinal Pain. *Pain Physician.* 2009; Jul-Aug; 12: E123-E198.
- Manchikanti L, et al. Lumbar facet joint nerve blocks in managing chronic facet joint pain: one-year follow-up of a randomized, double-blind controlled trial: Clinical Trial NCT00355914. *Pain Physician.* 2008; Mar-Apr;11(2):121-132
- OIG Report OEI-05-07-00200, Medicare Payments for Facet Joint Injection Services; Published September 2008.
- Other Medicare Contractor’s Local Coverage Determinations.
- Staal J B, de Bie R, de Vet HCW, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low-back pain. *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD001824. DOI: 10.1002/14651858.CD001824.pub3.
- Verrills P, Mitchell B, Vivian D, et al. The incidence of intravascular penetration in medial branch blocks. *Spine.* 2008; 33: E174-E177

Advisory Committee Meeting Notes Date of Open Meeting:

07/12/2011

Dates of Carrier Advisory Committee (CAC) Meetings:

07/12/2011 (Alabama)
 07/14/2011 (Tennessee)
 07/22/2011 (Georgia)

This local coverage determination (LCD) does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this LCD was developed in cooperation with advisory groups, which include representatives from physician specialties; representatives from the Medical Associations for the above states; and other Association Representatives.

Start Date of Comment Period 07/11/2011

End Date of Comment Period 08/26/2011

Start Date of Notice Period 11/15/2011

Revision History Number

Revision History Explanation What's New Posted Date: November 2011

Newsline Posted Date: November 2011

Effective Date: January 1, 2012

Notice Period: November 15, 2011 - December 31, 2011

This LCD has been finalized and will become effective January 1, 2012.

Reason for Change

Related Documents

Article(s)

[A51470 - LCD - MAC - Comment - Surgery: Lumbar Facet Blockade](#)

LCD Attachments

There are no attachments for this LCD.

Draft Contact

Cahaba Government Benefit Administrators®, LLC Comments for Draft LCDs

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[Back to Top](#)

All Versions

Updated on 11/02/2011 with effective dates 01/01/2012 - N/A

[Updated on 11/02/2011 with effective dates 01/01/2012 - N/A](#)

[Updated on 06/17/2011 with effective dates N/A](#)

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[Back to Top](#)