Local Coverage Determination (LCD): Destruction of Paravertebral Facet Joint Nerve(s) (L33814)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33814

LCD Title
Destruction of Paravertebral Facet Joint Nerve(s)

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Destruction of Paravertebral Facet Joint Nerve(s). Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Destruction of Paravertebral Facet Joint Nerve(s) and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citations:

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
    - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

A paravertebral facet joint represents the articulation of the posterior elements of one vertebra with its neighboring vertebra. For the 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). There are two (2) facet joints at each level, left and right.

Facet joint pain is generally suspected in patients with cervical, thoracic and or lumbar pain that may or may not have a radicular component, when focal tenderness is present over the facet joint, and increased symptoms due to rotation or extension of the spine.

Destruction of a paravertebral facet joint nerve(s) *requires* the use of fluoroscopic guidance to confirm the proper positioning of the needle or electrode at the level of the involved paravertebral facet joint(s). Destruction of the paravertebral facet joint nerve (s) (median branch) can then be achieved by means of thermal, electrical or radiofrequency (rhizotomy) applications. Facet joint nerve destruction is considered a definitive form of treatment for facet joint pain. Therefore, it would not be expected to see multiple repeat facet joint destruction procedures performed once all of the involved facet joints at that spinal level on either side have been denervated. However, the nerves do have the ability to regenerate.

Covered Indications

The destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves will be considered to be medically reasonable and necessary as follows:

- The paravertebral facet joint(s) have been identified as the source of the patient's pain by undergoing a diagnostic paravertebral facet joint (median branch) block. Temporary or prolonged abolition of the pain suggests that the facet joint (s) are the source of the symptoms and appropriate for treatment; and
- The patient failed conservative treatment. Conservative treatment may include local heat, traction, nonsteroidal anti-inflammatory medications and anesthetic and
- The paravertebral facet joint(s) destruction is performed by appropriately trained providers.

If pain recurs in the same distribution and nature, the procedure may be provided at the same anatomic site (side and spinal level) 6 months from prior treatment.

Limitations

The destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves will **not** be considered medically reasonable and necessary when:

- Performed without fluoroscopic guidance. A mandatory requirement of paravertebral facet joint (median branch) destruction is the use of fluoroscopic guidance to confirm the proper positioning of the needle electrode. Failure to use fluoroscopic guidance will result in the services receiving a denial; or
- The medical records do not support that the patient experienced temporary or prolonged abolition of the pain after a facet joint nerve block injection; or
- The medical records do not demonstrate that destruction was performed at the median branch of the spinal nerve innervating the facet joint.
- It is not expected that paravertebral facet joint destructions (median branch) will exceed five (5) levels, unilaterally or bilaterally on the same date of service.
- Repeat paravertebral facet joint destruction is not medically necessary when performed at the same anatomic site (side and spinal level) within 6 months of a prior treatment. (So one bilateral or R(L) then L(R) same level is allowed in 6 months and then can be repeated in the subsequent 6 months.

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Provider Qualifications

A qualified physician for this service/procedure is defined as follows: 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.

Please refer to CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4 which outlines that "reasonable and necessary" services are "ordered and furnished by qualified personnel."

Summary of Evidence

N/A

Analysis of Evidence
(Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Destruction of Paravertebral Facet Joint Nerve(s) (A57639) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Destruction of Paravertebral Facet Joint Nerve(s) (A57639) for utilization guidelines that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number – L29150

Adult Low Back Pain. Bloomington(MN) : Institute for Clinical Systems Improvement (ICSI)

Boswell, M.V., Trescott, A. M., Datta, S., et al. (2007) Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain.

Chou, R., Qaseem, A., Snow, V et al (2007) Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med* Oct 2; 147(7): 478-91

Cohen, S P., Srinivasa, R. N. (2007) Pathogenesis, diagnosis *Anesthesiology* 106:591-614

Datta, S., Lee, M., Falco, F.J. (2009) Systematic assessment of diagnostic accuracy and therapeutic utility of lumbar facet joint interventions. *Pain Physician 2009 12:437-460 issn 1533-3159*

Manchikanti, L., Schultz, D.M., & et al (2007) Lumbar facet joint interventions. *Interventional Techniques in Chronic Spinal Pain* (pp. 253-277) Paducah, KY: American Society of Interventional Pain Physicians

Markman, J.D., Philip, A. (2007) Interventional approaches to pain management. *Anesthesiology Clinics* (25):4

Medicare Payment for Facet Joint Injection Services *Department of Health and Human Services Office of the Inspector General* (September 2008) OEI-05-07-00200

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/28/2019	R3	Revision Number : 3 Publication: November 2019 Connection LCR B2019-031 Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes," "Revenue Codes," "CPT/HCPCS Codes," "ICD-10 Codes that Support Medical Necessity," "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, the Social Security Act and IOM reference sections were updated. The	• Other (Revision based on CR 10901)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	
01/22/2019	R2	Revision Number: 2 Publication: February 2019 Connection LCR B2019-006 Explanation of Revision: Based on a review of the LCD, grammatical and formatting errors were corrected throughout the LCD. The effective date of this revision is based on process date. Also, the "Indications" section of the LCD was revised to assure consistency with the CMS source. The effective date of this revision is based on date of service. In addition, based on CR 10901, the "Indications" section of the LCD was revised to update the section number for Pub. 100-08, Chapter 13 from 5.1 to 13.5.4 and the "CMS National Coverage Policy" section of the LCD was updated to add this CMS source. The effective date of this revision is for claims processed on or after 01/08/2019, for dates of service on or after 09/26/2018. 01/22/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.	• Other (Revisions based on review)
10/16/2017	R1	Revision Number: 1 Publication: September 2017 Connection LCR B2017-008 **Explanation of Revision**: Based on an external correspondence asking for clarification on when repeat paravertebral facet joint destruction can be performed, the LCD was revised to add clarifying language to the "Indications and Limitations of Coverage and/or Medical Necessity" and "Utilization Guidelines"	• Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		sections of the LCD. The effective date of this revision is based on date of service. 08/31/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)
A57639 - Billing and Coding: Destruction of Paravertebral Facet Joint Nerve(s)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/22/2019 with effective dates 11/28/2019 - N/A
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Updated on 08/24/2017 with effective dates 10/16/2017 - 01/21/2019
Updated on 07/01/2014 with effective dates 10/01/2015 - N/A
Updated on 03/22/2014 with effective dates 10/01/2015 - N/A

Keywords

- Paravertebral
- Facet Joint Nerve

Local Coverage Article:
Billing and Coding: Destruction of Paravertebral Facet Joint Nerve(s) (A57639)

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Article Information

General Information

Article ID
A57639

Article Title
Billing and Coding: Destruction of Paravertebral Facet Joint Nerve(s)

Article Type
Billing and Coding

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33814 Destruction of Paravertebral Facet Joint Nerve(s) provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

Coding Guidelines

This Billing and Coding Article provides instructions for the appropriate use of modifiers and add-on codes for paravertebral facet joint destruction services (CPT® codes 64633-64636).

For each episode of care, the appropriate modifier must be used for identifying the side of the spinal level being treated (i.e., RT, LT, 50). Services billed without a modifier indicating the side of the spinal level treated will be rejected.

Codes 64633-64636 are unilateral procedures. When bilateral procedures are performed (e.g., destruction performed at both the left and right paravertebral facet joints), the bilateral modifier 50 must be appended to the appropriate code. Note: Ambulatory Surgical Centers (ASCs) must report two procedures either as a single unit on two separate

lines (appending the RT and LT modifiers) or with "2" in the units field on one line when bilateral services are performed on the same date of service. ASCs cannot report modifier 50 for any healthcare common procedure coding system (HCPCS)/current procedural terminology (CPT) code.

Facet joint destruction performed at the right and left side of the same spinal level (e.g., right C5-C6 and left C5-C6) must be reported with single unit of service with modifier 50 appended for a bilateral procedure.

Facet joint destruction performed at the right and left side of multiple spinal levels (e.g., right and left C5-C6 and the right and left C6-C7) must report the primary and add-on services with a single unit of service with modifier 50 appended to represent multiple bilateral procedures.

Facet joint destruction performed at the right or left side of a single spinal level (e.g., the right C5-C6) must be reported with single unit of service with modifier RT or LT appended for a single procedure.

Facet joint destruction performed at the right or left side of multiple spinal levels (e.g., right C5-C6 and the right C6-C7) must report the primary and add-on services with a single unit of service with the RT or LT modifier appended to represent the side of the spine treated.

Cervical/Thoracic
Initial level (64633)

Unilateral - Append anatomical modifier RT or LT
Bilateral - Append modifier 50

Additional levels (64634)

Report per additional level
Unilateral - Append anatomical modifier RT or LT
Bilateral - Append modifier 50

Lumbar/Sacral
Initial level (64635)

Unilateral - Append anatomical modifier RT or LT
Bilateral - Append modifier 50

Additional levels (64636)

Report per additional level
Unilateral - Append anatomical modifier RT or LT
Bilateral - Append modifier 50

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. 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.
3. 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.
4. Documentation must support that fluoroscopy guidance was used to confirm placement of the needle or electrode.
5. Documentation must support that the median branch of the nerve innervating the paravertebral facet joint was the target for the destruction of the identified facet joint.
6. When destruction at contralateral facet joints or spinal levels above or below a previously treated area is necessary, the medical documentation must support that there is a significant improvement in pain after the initial facet joint destruction and residual pain is felt to be attributed to facet joints at a different level.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33814, Destruction of Paravertebral Facet Joint Nerve(s) may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
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

CODE	DESCRIPTION
	ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT codes: 64633, 64634, 64635, and 64636

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region
M47.012	Anterior spinal artery compression syndromes, cervical region
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Anterior spinal artery compression syndromes, thoracic region
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.019	Anterior spinal artery compression syndromes, site unspecified
M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region
M47.022	Vertebral artery compression syndromes, cervical region
M47.029	Vertebral artery compression syndromes, site unspecified
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region

ICD-10 CODE	DESCRIPTION
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.5	Low back pain
M54.6	Pain in thoracic spine
M96.1	Postlaminectomy syndrome, not elsewhere classified

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

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.

CODE	DESCRIPTION
999x	Not Applicable

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.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L33814 - Destruction of Paravertebral Facet Joint Nerve(s)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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Keywords

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- Facet Joint Nerve