Local Coverage Determination (LCD): Paravertebral Facet Joint Blocks (L33930)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
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<td>J - N</td>
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<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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LCD Information

Document Information

**LCD ID**
L33930

**Original ICD-9 LCD ID**
L29252

**LCD Title**
Paravertebral Facet Joint Blocks

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Facet joint blocks will be considered reasonable and necessary 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.

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.

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).

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

The CMS manual System, Pub.100-08, Medicare Program Integrity Manual, Chapter 13, Section 5.1, outlines that “reasonable and necessary” services are “ordered and furnished by qualified personnel.” Services will be considered medically reasonable and necessary only if performed by appropriately trained providers. 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.

Summary of Evidence

<p>N/A</p>

Analysis of Evidence

(Rationale for Determination)
Coding Information

**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.

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<th>DESCRIPTION</th>
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<tr>
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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.

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**CPT/HCPCS Codes**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

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<th>DESCRIPTION</th>
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<tr>
<td>64490</td>
<td>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</td>
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<tr>
<td>64491</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>64492</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<tr>
<td>CODE</td>
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<td>64493</td>
<td>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</td>
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<td>64494</td>
<td>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)</td>
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**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

<table>
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<tr>
<th>ICD-10 CODE</th>
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<tr>
<td>M25.50</td>
<td>Pain in unspecified joint</td>
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<tr>
<td>M47.14 - M47.16</td>
<td>Other spondylosis with myelopathy, thoracic region - Other spondylosis with myelopathy, lumbar region</td>
</tr>
<tr>
<td>M47.21 - M47.818</td>
<td>Other spondylosis with radiculopathy, occipito-atlanto-axial region - Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region</td>
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<tr>
<td>M47.891 - M47.898</td>
<td>Other spondylosis, occipito-atlanto-axial region - Other spondylosis, sacral and sacrococcygeal region</td>
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<tr>
<td>M54.03 - M54.09</td>
<td>Panniculitis affecting regions of neck and back, cervicothoracic region - Panniculitis affecting regions, neck and back, multiple sites in spine</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M54.5</td>
<td>Low back pain</td>
</tr>
<tr>
<td>M54.6</td>
<td>Pain in thoracic spine</td>
</tr>
<tr>
<td>M62.830</td>
<td>Muscle spasm of back</td>
</tr>
<tr>
<td>M96.1</td>
<td>Postlaminectomy syndrome, not elsewhere classified</td>
</tr>
<tr>
<td>Z79.01*</td>
<td>Long term (current) use of anticoagulants</td>
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**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:**

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*Use only as a supplemental code in addition to primary diagnosis, when anticoagulant therapy has been discontinued to facilitate therapeutic injections for pain management.

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements

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

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.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to prepayment review for medical necessity.

Diagnostic 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.

**Therapeutic Phase**

- It is not expected that a patient would undergo a therapeutic block at more than three (3) levels (unilateral or bilateral) per anatomic region on any given date of service.
- It is not expected that patients would undergo repeat treatment at same anatomic region at less than 90-day intervals.
- It is also not expected that all patients will present with pain in both anatomical regions (cervicothoracic and lumbosacral), therefore the routine performance of facet joint/medial branch block (both diagnostic and therapeutic) to both regions may prompt a pre-payment review.
- Routinely exceeding the above parameters, by utilizing the procedure codes on the same beneficiary in unusual patterns may result in pre payment review.
- 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 intraarticular sacroiliac injection.

**Sources of Information**

First Coast Service Options Inc. reference LCD number – L29378


**Bibliography**

<p>N/A</p>

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**Revision History Information**

Created on 08/07/2019. Page 7 of 8
Revision Number: 1
Publication: March 2018 Connection
LCR B2018-006

Explanation of Revision: Based on an annual review of the LCD, it was determined that the language in the “Indications and Limitations of Coverage and/or Medical Necessity” section of the LCD does not represent direct quotation from the CMS sources; therefore, this LCD is being revised to assure consistency with the manual language. The effective date of this revision is based on date of service.

03/01/2018: 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 policy.

- Other (Revisions based on annual review completed on 12/07/2017.)

Associated Documents

Attachments
Coding guidelines 2015
(PDF - 80 KB)

Related Local Coverage Documents
Article(s)
A55906 - Paravertebral facet joint blocks revision to the Part B LCD

Related National Coverage Documents
N/A

Public Version(s)
Updated on 02/22/2018 with effective dates 03/01/2018 - N/A
Updated on 07/01/2014 with effective dates 10/01/2015 - N/A
Updated on 04/03/2014 with effective dates 10/01/2015 - N/A

Keywords
N/A