

# Prior Authorization for Facet Joint Interventions

2/5/2025

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## Objective

Understand the prior authorization requirement, including when prior authorization is required for facet joint interventions and how to request prior authorization



# Today's Presenters

- Prior Authorization Clinical Nurse Senior
  - Sydney Sabo, BSN, RN
- Provider Outreach and Education Consultant
  - Jean Roberts, RN, BSN, CPC





# Agenda

- [Prior Authorization Program Reminders](#)
- [Prior Authorization for Facet Joint Interventions](#)
- [Required Documentation to submit for each Facet Joint Intervention PAR](#)
- [Resources](#)

# Prior Authorization Program Reminders

# Prior Authorization Program Reminders

- PA required for facet interventions for dates of service on or after 7/1/2023
- The HOPD is responsible for obtaining the Prior Authorization (PA)
- Requestor: person/entity submitting the Prior Authorization Request (PAR)
- A unique tracking number (UTN) will be assigned to each PAR that receives a clinical decision
- When the claim is submitted for billing, a Provisional Affirmation UTN must be placed on the claim to receive payment for the service(s)
- If billed with a Non-Affirmation UTN, the claim will deny, and appeal rights would then be available

[Prior Authorization - NGSMEICARE](#)

# Prior Authorization Program Reminders

- The CMS Outpatient Department PA program does not change Medicare benefits or coverage requirements, nor does it create new documentation requirements.
- Medicare Coverage: For any item or service to be covered, it must be
  - Eligible for a defined Medicare benefit category
  - Reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve functioning of a malformed body member, and
  - Meet all other applicable statutory and regulatory requirements



# Prior Authorization for Facet Joint Interventions

# Diagnostic and Therapeutic Facet Joint Intervention Codes

CPT Codes	Description
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), <b>cervical or thoracic</b> ; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), <b>cervical or thoracic</b> ; second level

# Diagnostic and Therapeutic Facet Joint Intervention Codes

CPT Codes	Description
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), <b>lumbar or sacral</b> ; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), <b>lumbar or sacral</b> ; second level

# RFA Facet Joint Intervention Codes

CPT Code	Description
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <b>cervical or thoracic</b> , single facet joint
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <b>cervical or thoracic</b> , each additional facet joint
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <b>lumbar or sacral</b> , single facet joint
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); <b>lumbar or sacral</b> , each additional facet joint



# Overlapping Spinal Region

- Facet interventions in the thoraco-lumbar T12-L1 and lumbar segments (L1-2) during one session will be allowed and considered to be *one* spine (**lumbar**) region.
- For bilateral paravertebral facet injection of the T12-L1 and L1-L2 levels or nerves innervating that joint, request **64490** and **64494** (or **64633** and **64636** for RFA)

Required Documentation to submit  
for each Facet Joint Intervention  
PAR

# Local Coverage Determination

- Refer to the NGS LCD and LCA for detailed documentation requirements
  - NGS LCD: [L35936: Facet Joint Interventions for Pain Management](#)
  - Associated NGS LCA: [A57826: Billing and Coding: Facet Joint Interventions for Pain Management](#)
- The beneficiary's medical record must contain documentation fully supporting medical necessity for facet joint intervention services.

# General Documentation Requirements

- Intraarticular Facet Joint Injections, Medial Branch Blocks and Radiofrequency Ablations
  - Moderate to severe chronic neck or low back pain, predominantly axial, that causes functional deficit measured on pain or disability scale, **AND**
  - Presence of pain for minimum of three months with documented failure to respond to conservative management, **AND**
  - Absence of untreated radiculopathy or neurogenic claudication (except for radiculopathy caused by facet joint synovial cyst), **AND**
  - Non-facet pathology must be ruled out based on clinical evaluation or radiology studies



# General Documentation Requirements

- Scales used to assess the measurement of pain and/or disability must be obtained at baseline and documented in the medical record for each assessment (refer to your MAC's LCD/LCA)
  - Note: Same scale used for initial baseline assessment should be used for every subsequent procedure to measure injection effectiveness
    - Applies to all diagnostic, therapeutic and RFA subsequent procedures

# Documentation: Diagnostic Facet Joint Procedures (IA or MBB)

- Indicate if this request is for an initial or second diagnostic procedure
- Diagnostic procedures should be performed with the intent that if successful, RFA would be considered the primary treatment goal at the diagnosed level(s)
- First diagnostic facet joint procedure (IA or MBB)
  - Documentation must support the criteria outlined in general documentation requirements for facet joint interventions

# Documentation: Diagnostic Facet Joint Procedures (IA or MBB)

- Second diagnostic facet joint procedure(s), documentation must support the following:
  - Documentation must support the requirements for the first diagnostic procedure at the same level, **AND**
  - After the first diagnostic procedure, there must be at least 80% **consistent** pain relief (duration consistent with the agent used)

**\*Note:** The same pain/disability scale must be used to confirm the first and second diagnostic procedure's effectiveness of at least 80% pain relief.

# Documentation: Therapeutic Facet Joint Procedures

- Indicate if this request is for an initial or subsequent therapeutic procedure
- Documentation of two diagnostic facet joint procedures with each providing at least 80% of pain relief, **AND**
- Subsequent therapeutic facet joint procedures at the same anatomic site with at least 50% pain relief for at least three months from the prior therapeutic procedure or at least 50% improvement in the ability to perform previously painful movements and ADLs, compared to baseline measurement using the same scale, **AND**
- Documentation of why the beneficiary is not a candidate for RFA



# Documentation: Facet Joint Denervation (RFA)

- Indicate if this request is for an initial or subsequent facet joint denervation procedure
- Documentation must support at least two diagnostic facet procedures, with each one providing at least 80% of pain relief (with baseline and post procedure pain assessments), **AND**
- Subsequent thermal facet joint RFA at the same anatomic site with at least 50% of pain improvement for at least six months or at least 50% improvement in the ability to perform previously painful movements and ADLs, compared to baseline measurement using the same scale

# Frequency Limitations

- Diagnostic procedures
  - For each covered spinal region, no more than four diagnostic joint sessions will be considered medically reasonable and necessary per rolling 12 months, in recognition that the pain generator cannot always be identified with the initial and confirmatory diagnostic procedure
- Therapeutic procedures
  - For each covered spinal region, no more than four therapeutic facet joint injection sessions will be reimbursed per rolling 12 months
- Denervation procedures
  - For each covered spinal region, no more than two radiofrequency sessions will be reimbursed per rolling 12 months

# Limitations

- Most common encountered in PA review
  - Facet joint interventions (both diagnostic and therapeutic) are limited to one spinal region per session.
  - Multiple blocks (e.g., epidural injections, sympathetic blocks, trigger point injections, etc.) planned to be performed on the same day as facet joint procedures.
  - One to two levels, either unilateral or bilateral, are allowed per session per spine region. Three or four-level procedures are not medically necessary and therefore are non-covered.
    - Reminder: 64492 and 64495 are no longer part of the HOPD PA program and will be rejected.
  - If there is an extended time, two years or more, since the last RFA or there is a question as to the source of the recurrent pain then diagnostic procedures must be repeated.
  - Therapeutic facet injections are not covered unless there is justification in the medical documentation on why RFA cannot be performed.

# Not Medically Necessary

- Non-thermal modalities for facet joint denervation including chemical, low-grade thermal energy (less than 80 degrees Celsius), laser neurolysis, and cryoablation.
  - Non-thermal facet joint denervation (including chemical, low grade thermal energy (<80 degrees Celsius or any other form of pulsed radiofrequency) should **NOT** be reported with CPT codes 64633, 64634, 64635 or 64636.
  - These services should be reported with CPT code 64999. Code 64999 is non-covered when used to report non-thermal facet joint denervation.
- Facet joint procedure performed after anterior lumbar interbody fusion or ALIF.
- Diagnostic injections or MMB at the same level as the previously successful RFA procedure

# Resources

# CMS Resources

- CMS web site: [Prior Authorization for Certain Hospital Outpatient Department \(OPD\) Services](#)
  - [Prior Authorization \(PA\) Program for Certain Hospital Outpatient Department \(OPD\) Services Operational Guide](#) (updated 11/14/2024)
  - [OPD Questions and Answers document](#)

# NGS Resources

- NGS LCD [L35936: Facet Joint Interventions for Pain Management](#)
- NGS Associated LCD Article [A57826: Billing and Coding: Facet Joint Interventions for Pain Management](#)



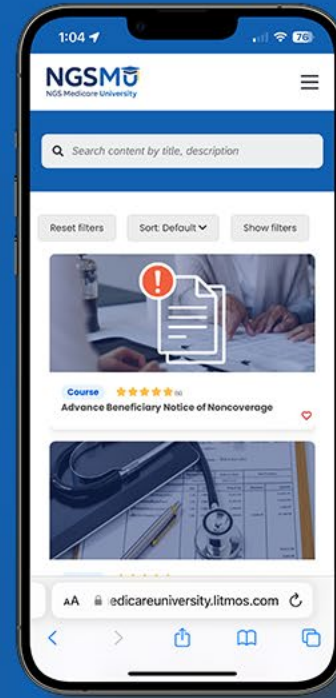
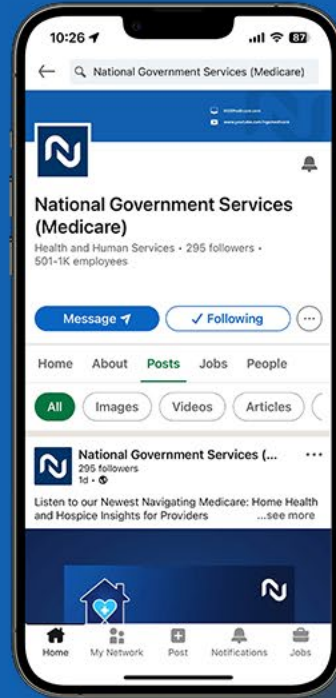
# Office of the Inspector General (OIG)

- OIG Report A-09-22-03006 (3/2023): [Medicare Improperly Paid Physicians An Estimated \\$30 Million For Spinal Facet-Joint Interventions](#)
- OIG Report A-09-21-03002 (12/2021): [Medicare Improperly Paid Physicians for Spinal Facet-Joint Denervation Sessions](#)
- OIG Report A-09-20-03003 (10/2020): [Medicare Improperly Paid Physicians for More Than Five Spinal Facet-Joint Injection Sessions During a Rolling 12-Month Period](#)



# Questions?

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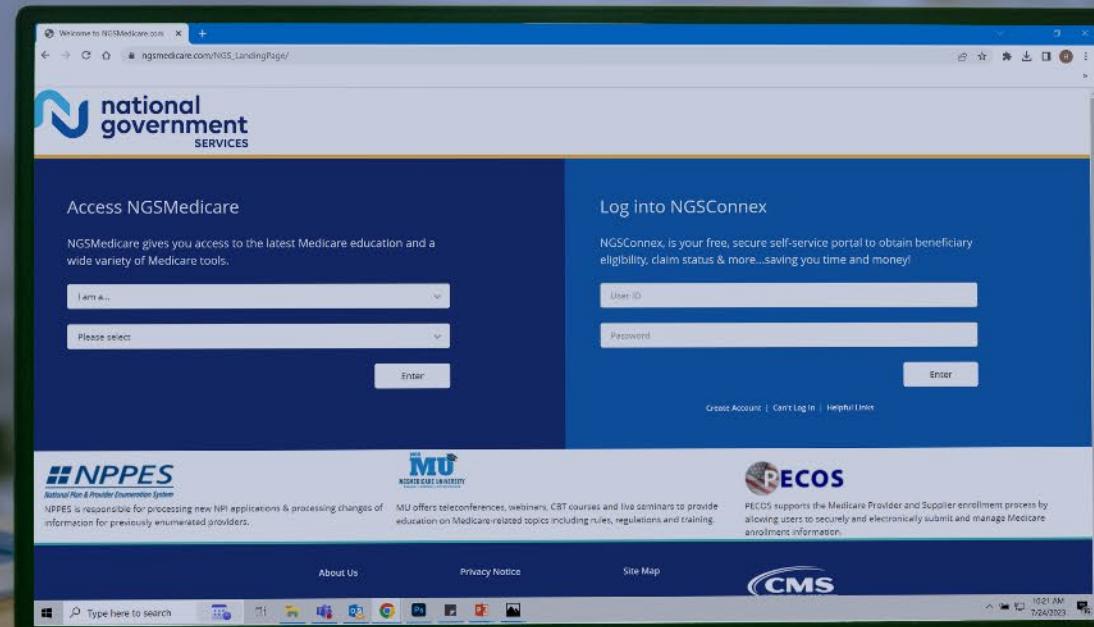


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