

Local Coverage Determination (LCD) for Destruction of Paravertebral Facet Joint Nerve(s) (L29132)

Contractor Information

Contractor Name

First Coast Service Options,
Inc.

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Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

Document Information**LCD ID Number**

L29132

LCD Title

Destruction of Paravertebral Facet Joint
Nerve(s)

Contractor's Determination Number

64633

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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 represent quotation from one or more of the following CMS sources:

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

For services performed on or after 02/02/2009

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 01/01/2012

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

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. If pain recurs in the same distribution and nature, the procedure may be provided at a maximum of two (2) sessions per year (per 12 months).

Indications

Medicare will consider the destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves 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.

The CMS Manual System, Pub. 100-08, Program Integrity Manual, Chapter 13, Section 5.1 (<http://www.cms.hhs.gov/manuals/downloads/pim83c13.pdf>) outlines that "reasonable and necessary" services are "ordered and/or furnished by qualified personnel."

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.

Limitations

Medicare will consider the destruction of cervical, thoracic or lumbar paravertebral facet joint (median branch) nerves not 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.

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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.

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

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

ICD-9 Codes that Support Medical Necessity

721.0	CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY
721.1	CERVICAL SPONDYLOSIS WITH MYELOPATHY
721.2	THORACIC SPONDYLOSIS WITHOUT MYELOPATHY
721.3	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
721.41	SPONDYLOSIS WITH MYELOPATHY THORACIC REGION
721.42	SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION
722.81	POSTLAMINECTOMY SYNDROME OF CERVICAL REGION
722.82	POSTLAMINECTOMY SYNDROME OF THORACIC REGION
722.83	POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
723.1	CERVICALGIA
724.1	PAIN IN THORACIC SPINE
724.2	LUMBAGO
724.3	SCIATICA

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

XX000	Not Applicable
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ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

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General Information

Documentations Requirements

Medical record documentation maintained by the performing physician must clearly indicate the medical necessity of the service being billed.

Documentation supporting the service must be included in the patient's medical record. This information is normally found in the office/progress notes, hospital notes, and/or procedure report.

Documentation must support the criteria for coverage as set forth in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

Documentation must support that fluoroscopy guidance was used to confirm placement of the needle or electrode.

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.

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.

Appendices

Utilization Guidelines 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

It is not expected that repeat paravertebral facet joint destruction at the same level, right or left will exceed 2 treatments within a 12 month (365 days) period of time.

Sources of Information and Basis for Decision

Adult Low Back Pain. Bloomington(MN) : Institute for Clinical Systems Improvement (ICSI) retrieved from www.guidelines.gov October 21, 2008

Boswell, M.V., Trescott, A. M., Datta, S., et al. (2007) Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. retrieved from www.guideline.gov on July 9, 2008

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 retrieved from www.guideline.gov on September 23, 2008

Cohen, S P., Srinivasa, R. N. (2007) Pathogenesis, diagnosis, and treatment of lumbar zygapophysial (Facet) joint pain. *Anesthesiology* 106:591-614 retrieved from www.mdconsult.com April 28, 2009

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

<http://www.spine-health.com/video/medial-branch-block-video>

<http://www.spine-health.com/video/lumbar-radiofrequency-neurotomy-video>

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 retrieved from www.mdconsult.com on April 29, 2008.

Medicare Payment for Facet Joint Injection Services Department of Health and Human Services Office of the Inspector General (September 2008) OEI-05-07-00200 **Advisory Committee Meeting Notes**
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 includes representatives from numerous societies.

Florida Carrier Advisory Meeting: June 20, 2009

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period 08/15/2009

Revision History Number 3

Revision History Explanation Revision Number:3

Start Date of Comment Period:N/A
Start Date of Notice Period:01/01/2012
Revised Effective Date:01/01/2012

LCR B2012-009
December 2011 Connection

Explanation of Revision: Annual 2012 HCPCS Update. CPT codes 64622 – 64627 were deleted and replaced with CPT codes 64633 – 64636. Contractor's Determination Number 64622 was changed to 64633. The effective date of this revision is based on date of service.

Revision Number:2
Start Date of Comment Period:N/A
Start Date of Notice Period:07/01/2011
Revised Effective Date:06/14/2011

LCR B2011-074
June 2011 Connection

Explanation of Revision: Based on an outside request to clarify our current training statement outlined in this LCD, language under the "Limitations" section of the LCD has been deleted and replaced with a revised statement regarding the qualification and training. Revisions will be effective based on process date.

Revision Number:1
Start Date of Comment Period:06/01/2009
Start Date of Notice Period:08/15/2009
Original Effective Date:09/30/2009

LCR B2009-088
August 2009 Update

Explanation of Revision: Updated the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD to include credentialing requirements for physicians performing destruction of the paravertebral facet joint nerves, the requirement of fluoroscopy for guidance, and identification of accepted modalities (thermal, electrical or radiofrequency) when performing destruction of paravertebral facet joint nerves. Also identified the median branch nerve of the facet joint as the target for achieving facet joint nerve destruction. Updated the "Documentation Requirements", "Utilization Guidelines" and "Sources of Information and Basis for Decision" sections. The effective date of this revision based on date of service.

Revision Number:Original
Start Date of Comment Period:N/A
Start Date of Notice Period:12/04/2008
Revised Effective Date:02/02/2009

LCR B2009-
December 2008 Bulletin

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier predecessors of First Coast Service Options, Inc. (Triple S and FCSO).

For Florida (00590) this LCD (L29132) replaces LCD L6265 as the policy in notice. This document (L29132) is effective on 02/02/2009.

11/21/2011 - The following CPT/HCPCS codes were deleted:
64622 was deleted from Group 1
64623 was deleted from Group 1
64626 was deleted from Group 1
64627 was deleted from Group 1

Reason for Change

Related Documents

This LCD has no Related Documents.

LCD Attachments

[coding guidelines effec 1/1/12](#)

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All Versions

Updated on 12/16/2011 with effective dates 01/01/2012 - N/A
[Updated on 07/17/2011 with effective dates 06/14/2011 - 12/31/2011](#)
[Updated on 08/17/2009 with effective dates 09/30/2009 - 06/13/2011](#)
[Updated on 08/07/2009 with effective dates 09/30/2009 - N/A](#)
[Updated on 11/30/2008 with effective dates 02/02/2009 - N/A](#)

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