FACET INTERVENTIONS DOCUMENTATION CHECKLIST

Ready to tackle prior authorization request (PAR) documentation for facet interventions in the hospital outpatient department? Start with a plan. The more you prepare documentation, the more successful you'll likely be in the review process. Follow this documentation checklist for a successful review.

☐ REQUEST INDENTIFIES EITHER FACET INJECTION(S) OR FACET DENERVATION(S) (RADIOFREQUENCY ABLATION (RFA))

Prior authorization is a requirement for both facet injection(s) and denervation(s). This applies to CPT codes 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, and 64636.
Use the same Unique Tracking Number (UTN) for resubmission (unlimited number of resubmissions are permitted).

☐ DOCUMENTATION SUPPORTING THE BENEFICIARY IS A CANDIDATE FOR DIAGNOSTIC FACET JOINT INJECTIONS (Intraarticular (IA) or Median Branch Block (MBB))

For the first diagnostic facet joint injection, documentation that the patient has chronic facet mediated pain and after the first procedure, there must be a positive response of at least 80% relief of primary (index) pain (with the duration of relief being consistent with the agent used).
Frequency limitation for IA/MBB: For each covered spinal region, no more than four (4) diagnostic joint sessions will be considered medically reasonable and necessary per rolling 12 months.
*Pain assessment must be performed and documented at baseline, after each diagnostic procedure and at each follow-up using the same pain scale for each assessment. A disability scale must also be obtained at baseline to be used for functional assessment (if patient qualifies for treatment).

☐ DOCUMENTATION OF SYMPTOMS SUPPORTING THE CLINICAL DIAGNOSIS OF FACET MEDIATED PAIN REQUIRING FURTHER TREATMENT

Include documentation (clear indication of what is being requested, history and physical (H&P), physician orders and progress notes, diagnostic test results, procedure records) with pain history to include location, severity, and duration, disability scale rating or an H&P that clearly describes functional disability for each new episode of pain supporting the presence of moderate to severe axial neck or low back pain, for more than 3 months, causing functional deficits measured on pain or disability scale with absence of untreated radiculopathy or neurogenic claudication (except for radiculopathy caused by facet joint synovial cyst).
Sumit documentation excluding non-facet pathology per clinical assessment or radiology studies that could explain the source of the patient's pain, including but not limited to fracture, tumor, infection, or significant deformity.

☐ DOCUMENTATION SUPPORTING THE BENEFICIARY IS A CANDIDATE FOR DENERVATION (RFA) PROCEDURE

Initial RFA: include documentation that the patient has had two diagnostic MBBs, with each one providing a consistent minimum of 80% sustained relief of primary (index) pain with the duration of relief being consistent with the agent used. Submission of pain logs before and after the procedure are preferred documents.
Repeat RFA (at the same anatomic site): include documentation that patient had a minimum of consistent 50% improvement in pain for at least six months or at least 50% consistent improvement in the ability to perform previously painful movements and ADLs as compared to baseline measurement using the same scale.
Frequency limitation: For each covered spinal region no more than two (2) radiofrequency sessions will be reimbursed per rolling 12 months.

☐ DOCUMENTATION SUPPORTS TRIAL AND FAILURE OF OTHER NON-INVASIVE PAIN MANAGEMENT STRATEGIES

Include documentation of previously tried or failed interventions, and current clinical symptoms relating to the need of facet interventions.

☐ DOCUMENTATION OF PROVIDER REVIEW OF FAILURE OF PRIOR THERAPIES

Include documentation supporting the practitioner performing the procedure has reviewed prior therapies tried and failed by the beneficiary.

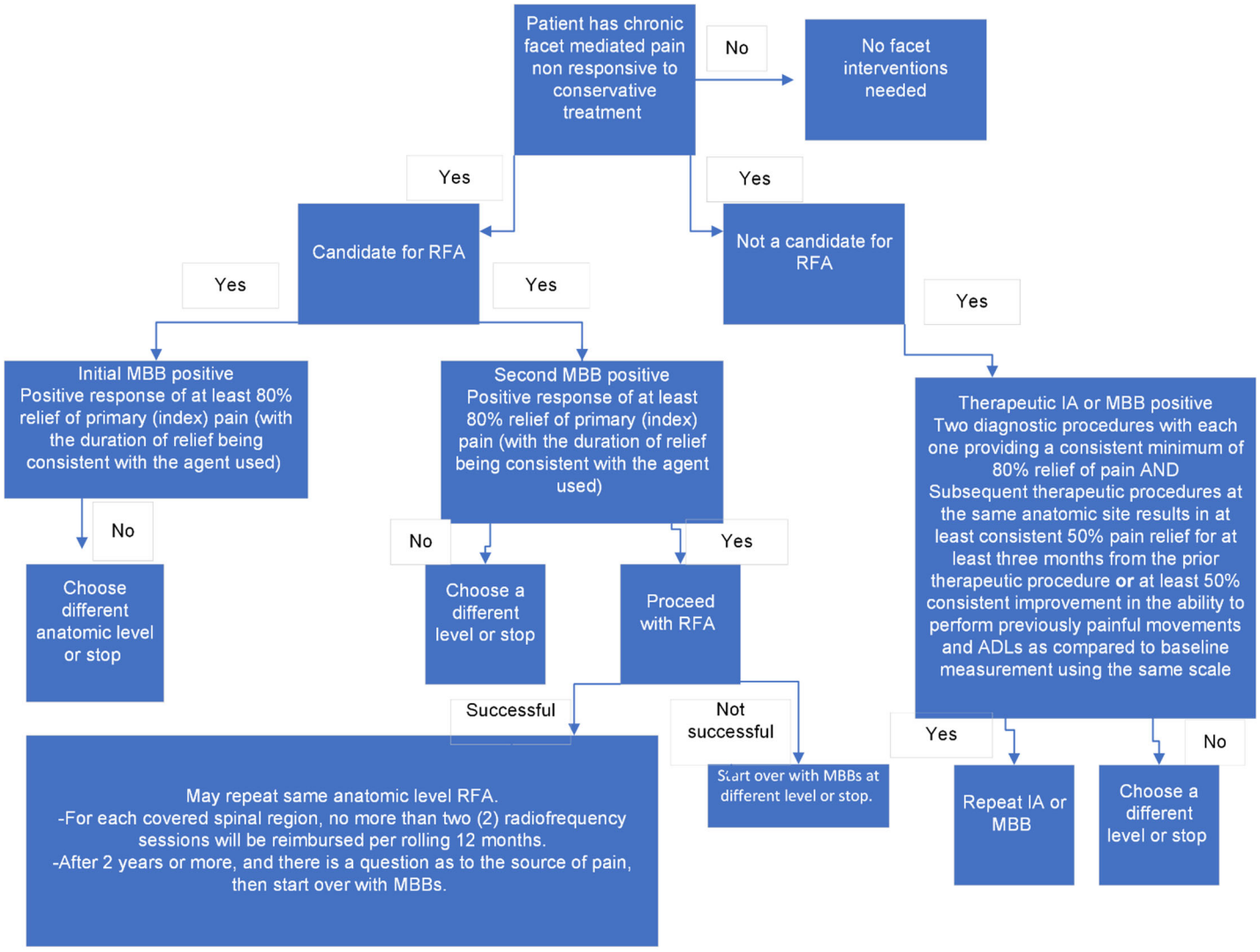
☐ DOCUMENTATION SUPPORTING THE BENEFICIARY IS A CANDIDATE THERAPEUTIC FACET JOINT INJECTIONS (IA or MBB)

Indicate if this request is for an initial or subsequent therapeutic procedure. Include documentation that the patient is not a candidate for RFA (see list with examples below). Documentation of two (2) diagnostic facet joint procedures with each providing at least 80% of pain relief, and subsequent therapeutic facet joint procedures at the same anatomic site results in at least consistent 50% pain relief for at least three (3) months from the prior therapeutic procedure or at least 50% consistent improvement in the ability to perform previously painful movements and Activities of Daily Living (ADLs) as compared to baseline measurement using the same scale.
Frequency limitation: For each covered spinal region no more than four (4) therapeutic facet joint injection (IA) sessions will be reimbursed per rolling 12 months.

☐ DOCUMENTATION SUPPORTS CLINICAL EFFECTIVENESS OF RFA (APPLIES TO INITIAL AND SUBSEQUENT FACET DENERVATION)

Initial thermal RFA: After the patient has had at least two positive diagnostic MBBs (with each one providing a consistent minimum of 80% sustained relief of primary (index) pain (with the duration of relief being consistent with the agent used).
Repeat thermal facet joint RFA at the same anatomic site if the patient had a minimum of consistent 50% improvement in pain for at least six (6) months or at least 50% consistent improvement in the ability to perform previously painful movements and ADLs as compared to baseline measurement using the same scale
Frequency Limitation: For each covered spinal region, no more than two (2) radiofrequency sessions will be reimbursed per rolling 12 months

Algorithm facet interventions



Successful RFA definition

Minimum of consistent 50% improvement in pain for at least six months or at least 50% consistent improvement in the ability to perform previously painful movements and ADLs as compared to baseline measurement using the same scale.

DL35936: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39771&ver=6&bc=0

Not a candidate for RFA

Supportive documentation with explanation as to why

1/ Anatomical reasons: Atlantoaxial joint or C1-C2 facet joint; and C2-3.

2/ Contraindications to RFA: Cardiac implantable electronic devices (CIEDs) include pacemakers, implanted cardioverter-defibrillators (ICDs), and cardiac resynchronization therapy devices (CRTDs). Allergy to local anesthetic, increased intracranial pressure, bleeding disorders.

Relative contraindications: spinal cord simulators, intrathecal pumps, deep brain stimulators

Other contraindications to facet interventions

1. Facet joint interventions done without CT or fluoroscopic guidance This includes facet joint interventions done without any guidance, performed under ultrasound guidance, or with magnetic resonance imaging (MRI).
2. Use of Moderate or Deep Sedation, General Anesthesia, and Monitored Anesthesia Care (MAC) during facet procedures of IA, MBB
3. The use of Moderate Sedation for RFA and facet cyst aspiration/rupture will be considered in individual cases with documentation of medical necessity such as a longstanding well-documented history of inability to cooperate, medical conditions that would prohibit performance of the procedure, or inability to remain motionless. Patient anxiety or preference alone is not sufficient justification. Routine use of Moderate Sedation or Monitored Anesthesia Care (MAC) or use of General Anesthesia or Deep Sedation for RFA is not considered reasonable and necessary.1
4. It is not expected that patients will routinely present with pain in both cervical/thoracic and lumbar spinal regions. Therefore, the routine performance of facet joint interventions (both diagnostic and therapeutic) are limited to 1 spinal region per session.
5. It is not routinely necessary for multiple blocks (e.g., epidural injections, sympathetic blocks, trigger point injections, etc.) to be provided to a patient on the same day as facet joint procedures. Multiple blocks on the same day could lead to improper or lack of diagnosis. If performed, the medical necessity of each injection (at the same or a different level[s]) must be clearly documented in the medical record. For example, the performance of both paravertebral facet joint procedures(s) and a transforaminal epidural injection (TFESI) at the same or close spinal level at the same encounter would not be expected unless a synovial cyst is compressing the nerve root. In this situation, TFESI may provide relief for the radicular pain, while the facet cyst rupture allows nerve root decompression. Frequent reporting of multiple blocks on the same day may trigger a focused medical review.
6. Facet joint intraarticular injections and medial branch blocks involve the use of anesthetic, corticosteroids, anti-inflammatories and/or contrast agents, and does not include injections of biologicals or other substances not FDA designated for this use.
7. One to 2 levels, either unilateral or bilateral, are allowed per session per spine region. Three or 4 level procedures are not medically necessary and therefore are non-covered. A session is a time period, which includes all procedures (i.e., medical branch blocks (MBB), intraarticular injections (IA), facet cyst ruptures, and RFA ablations) that are performed during the same day.

8. If there is an extended time, 2 years or more, since the last RFA and there is a question as to the source of the recurrent pain then diagnostic procedures must be repeated.
9. Therapeutic intraarticular facet injections are not covered unless there is justification in the medical documentation on why RFA cannot be performed. Facet joint procedures in patients for the indication of generalized pain conditions (such as fibromyalgia) or chronic centralized pain syndromes are considered not reasonable and necessary. Individual consideration may be considered under unique circumstances and with sufficient documentation of medical necessity on appeal.
10. In patients with implanted electrical devices, providers must follow manufacturer instructions and extra planning as indicated to ensure safety of procedure. (as above)