

Javery Pain Institute – Facet joint intervention update

Don't wait until your next training session to alert staff to the new local coverage determinations for paravertebral facet joint treatments (*see story, p. 1 of this month's issue*). Give them an overview of the changes right away. If you need ideas for what to include, review the notice created by Mary Klumpstra, ACS-PM, billing administrator, Javery Pain Institute, Grand Rapids, Mich. Special thanks to Ms. Klumpstra for sharing the document with APCPS.



CMS Changes for Facet Joint Interventions for Pain Management

Effective April 25, 2021

Most of us are aware of the impending changes for Medicare facet joint policies (effective April 25, 2021). The current LCD (L35996) will be retired later this month, when the new policy is implemented.

In this document, I am providing the key changes and the requirements pertinent to pain management specialties.

Effective April 25, 2021, the new policy, L38841 will be implemented. The old policy, L35996 will be retired as of April 24, 2021. The key changes are as follows:

- A maximum of two diagnostic blocks are allowed
- Diagnostic blocks MUST be billed with KX modifier
 - Look at a specific template for diagnostic blocks vs therapeutic; serves 2 purposes
 - Improves efficiency for provider documentation
 - Easily identified by coder, to prevent rejections if KX is missed
- 1-2 levels per session are allowed (4 unilateral or 2 bilateral)
- A session is defined as ALL procedures performed on ONE day
- A maximum of 4 procedures are allowed per rolling 12 months
 - Per region, cervical/thoracic AND lumbar thus, 4 of each when needed, at different sessions
- The goal of this treatment is for RFA if the diagnostic block is beneficial
 - 80% improvement in pain must be achieved and documented
 - If less than 80% improvement, a second diagnostic block should not be performed
 - When 80% is achieved, the second diagnostic block can be performed at the same level, a minimum of 2 weeks after initial
 - If RFA is not performed after 2 successful diagnostic blocks, documentation must clearly specify why it cannot be done

- When RFA cannot be done, a total of two (2) additional therapeutic blocks are allowed within the 12 months (2 diagnostic plus 2 therapeutic)
 - 50% relief of pain must be achieved for duration of 3 months and documented as such
- Medicare will no longer allow multiple procedures at the same session.
 - They were very specific with this and stated: “Multiple procedures NOT permitted” **ONE spinal region per session**
 - Appeals are afforded but we will have to “live and learn” since at this point, we don’t know if Medicare will approve multiple procedures even when a patient has ambulation difficulties or coagulation issues
- Medicare defines Facet Joint Interventions as typically four (4) types of procedures:
 1. Intraarticular (IA) facet joint injections
 2. Medial Branch Blocks (MBB)
 3. Radiofrequency Ablation (RFA)
 4. Facet Cyst Rupture Aspiration

Medicare will no longer pay for MBB when steroid is used (Dr. Kettler made this clear during the audio webinar on April 1, 2021). He does offer submission of reconsideration in this regard.

Provided courtesy of Mary Klumpstra, ACS-PM, billing administrator, Javery Pain Institute, Grand Rapids, Mich.