

## Coding Tip of the Month

September 2009

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### The OIG Looks at Facet Joint Injections!

CMS recently reissued the MM6518 article regarding the appropriate use of modifier 50 and the add-on codes for facet joint injection services based on the OIG report from September 2008 titled Medicare Payments for Facet Joint Injection Services. In this report, the OIG reviewed 646 facet joint injections claims submitted in 2006. They determined that nearly two thirds of the facet joint injection services allowed by Medicare in 2006 did not meet the program requirement resulting in approximately \$96 million in improper payments. An additional \$33 million in improper payments were allowed for the associated facility claims. The major errors found were documentation and coding errors. The report can be reviewed in it's entirety at <http://www.oig.hhs.gov/oei/reports/oei-05-07-00200.pdf>.

Medicare claims for facet joint injections have increased by 76 percent from 2003 to 2006 with payments increasing from \$141 million to \$307 million. These payments accounted for approximately 15% of Medicare payments for interventional pain management services in 2006. With this much reimbursement at stake it is important to accurately code these procedures to be in compliance and obtain correct reimbursement.

Facet joints, also known as zygapophysial or "Z" joints are located on the posterior of the spine on each side of the vertebrae where it overlaps the adjacent vertebrae. These joints provide stability to the spine and give it the ability to bend and twist. They are made up of the two surfaces of the adjacent vertebrae, which are separated by a thin layer of cartilage. The joint is surrounded by a saclike capsule which is lined with synovial fluid.

Facet joint injections are performed for two reasons: for diagnosis (to determine the source of pain) or for therapy (to treat an abnormality that has been found). They involve injecting an anesthetic agent often with a corticosteroid into the joint under local anesthesia and are typically performed with fluoroscopic guidance.



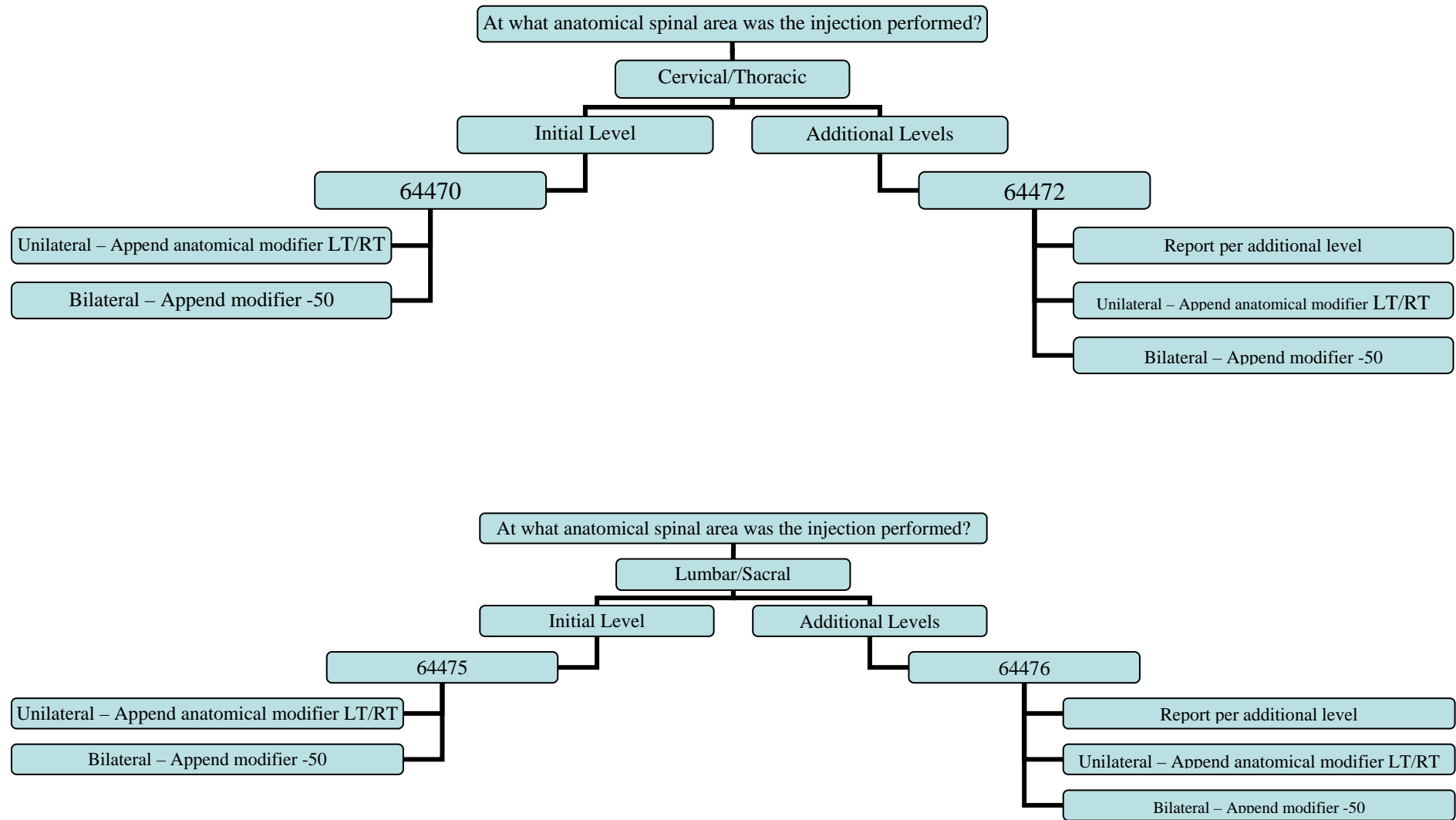
There are two sets of codes used to report facet joint injection procedures:

<b>CPT Code</b>	<b>Descriptor</b>
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472 (add-on)	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476 (add-on)	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level

The primary codes, 64470 and 64475, are used for a single injection in the cervical/thoracic or lumbar/sacral area of the spine, respectively. Each of these primary codes has an associated add-on code to be utilized when the injections are provided at multiple levels.

Bilateral injections are performed on the right and left sides of one joint level. CMS requires physicians and facilities to report a bilateral injection by appending modifier -50 with the appropriate CPT code. If bilateral injections are performed at multiple levels, modifier -50 should be suffixed to each facet joint injection CPT code. Physician documentation in the procedure report should clearly delineate the procedure performed to substantiate the billed codes.

To review the appropriate coding for reporting a facet joint injection:



When fluoroscopic guidance and localization for needle placement and injection is performed in conjunction with codes 64470 – 64476, code 77003 should be additionally reported. This code is reported by region and not per level. Frequently in these procedures to determine if the needle is in the joint, contrast will be injected. Although the CPT descriptor does not specifically state, the injection of contrast material is considered an inclusive component of these codes and is not separately reported. Although there is no separate payment for this code as it has been assigned status indicator “N”, it is important to include all applicable charges on the bill as they will impact future APC payments.

Happy Coding from your Cajun Connection!

