

Policy Name: Facet Joint Nerve Blocks

Effective: July 1,2007

Description: Medica reimburses for facet joint nerve blocks only when one of the diagnosis codes listed below are included on a claim

CPT/HCPCS Codes:

64470	Injection, anesthetic agent and /or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	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	Injection, anesthetic agent and /or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level

Covered ICD-9 Diagnoses Codes:

721.0	724.02				
721.1	724.09				
721.2	724.1				
721.3	724.2				
721.42	733.13				
721.90	738.4				
722.10	805.01				
722.11	805.02				
722.4	805.03				
722.51	805.04				
722.52	805.05				
722.81	805.06				
722.82	805.07				
722.83	805.08				
722.91	805.2				
922.92	805.4				
722.93					
723.1					
724.00					
724.01					

References and Resources

1. American Medical Association, Current Procedural Terminology (CPT) Book - Professional Edition
2. ICD-9-CM 2007 - Expert Edition
3. Center for Medicare and Medicaid Service's local coverage determinations
4. Information received from various specialty societies

1/1/09 Update: Added DX 722.92 and 722.93