

Facet Injection Questionnaire

Facet Joint Injections

Blue Care Network provides coverage for facet injections for members who meet medical necessity criteria. Submit prior authorization requests through e-referral. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below. Quantity limits apply. The maximum number of units that can be requested for the initial treatment of back pain is nine. Requests for greater than nine units will pend and the questionnaire will not display for submitters to complete. Note: A "unit" is equivalent to one trip to the fluoroscopy suite during which one or more spinal injections for pain management may be administered. Submitters will receive a message if the limit has been exceeded and will have an opportunity to modify the request if needed prior to submitting. If all questions are answered and the number of units is nine or less, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Requests for visits can be for up to 12 months. Contact BCN Care Management for services beyond 12 months. Three units in a six-month period is appropriate for subsequent therapeutic injections beyond the initial 12 months of treatment. ***Authorization is not a guarantee of payment. Payment is based on established claim edits. Compliance with this prior authorization service will be monitored retrospectively.

Code	Description
* 64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
* 64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
* 64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
* 64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
* 64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
* 64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)

Diagnosis Codes:

353.0	353.1	353.2	353.4	355.0	720.0	720.2	721.0	721.3
722.0	722.10	722.2	722.4	722.52	722.6	722.81	722.83	722.91
722.93	723.0	723.1	723.4	723.7	723.8	723.9	724.00	724.02
724.09	724.2	724.3	724.5	724.6	724.8	724.9	728.85	728.9
729.1	738.4	738.5	846.0	846.1	846.2	846.3	846.8	846.9
847.0	847.2	953.0	953.2	953.3				

1.	Does the patient have:	
2.	Any of the following conditions? NOTE: If the patient does not have any of the conditions, you MUST select "None of the above apply."	<input type="checkbox"/> Coagulopathy <input type="checkbox"/> Injection site infection <input type="checkbox"/> Spinal infection <input type="checkbox"/> Increased intracranial pressure

		<input type="checkbox"/> Cancer of the spine <input type="checkbox"/> Septicemia <input type="checkbox"/> None of the above apply
3.	Pain rating on a scale of 1-10, with 10 being the worst?	<input type="checkbox"/> 0-5 No pain/Mild pain <input type="checkbox"/> 6-8 Moderate pain <input type="checkbox"/> 9-10 Severe pain
4.	Psychogenic pain (pain that is caused, increased, or prolonged by mental, emotional, or behavioral factors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Pain that interferes with completion of activities of daily living (e.g. not able to go to work or may be able to work but needs to take frequent breaks due to pain)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Neurologic RADICULAR symptoms or findings (e.g. EXTREMITY numbness, tingling, decreased sensation or weakness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Continued pain after treatment with appropriate anti-inflammatory drugs for at least 3 weeks (or anti-inflammatory drugs are contraindicated/not tolerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Continued pain after treatment with activity modification for at least 6 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Continued pain after participating in physical therapy for at least 6weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	If an MRI/CT was performed, was it diagnostic for any cause of back pain NOT related to the facet joint (e.g. degenerative changes, discitis, tumor, scoliosis, aortic aneurysm, hydronephrosis)? NOTE: If MRI/CT was NOT performed, MUST select N/A.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Note Applicable (N/A)
11.	Did the patient have a successful diagnostic injection with 50% or greater reduction in pain after receiving an injection of 1 cc or less of anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)
12.	Did the member have a successful diagnostic injection with the ability to perform previously painful movements after receiving an injection of 1 cc or less of anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (N/A)
13.	For ongoing THERAPEUTIC injections, did the patient receive AT LEAST a 50% reduction in pain with the previous injection(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (diagnostic injection)
14.	For ongoing THERAPEUTIC injections, did the patient receive relief of pain for at least 2 months with previous injections(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (diagnostic injection)
15.	For ongoing THERAPEUTIC injections, did the patient have 6 or less VISITS	<input type="checkbox"/> 6 or less visits

	for injections to the cervical/thoracic spine region in the past 12 months?	<input type="checkbox"/> 7 or more visits <input type="checkbox"/> Unknown number of visits <input type="checkbox"/> N/A (diagnostic injection) <input type="checkbox"/> N/A (lumbar/sacral region)
16.	For ongoing THERAPEUTIC injections, did the patient have 6 or less VISITS for injections to the lumbar/sacral spine region in the past 12 months?	<input type="checkbox"/> 6 or less visits <input type="checkbox"/> 7 or more visits <input type="checkbox"/> Unknown number of visits <input type="checkbox"/> N/A (diagnostic injection) <input type="checkbox"/> N/A (cervical/thoracic region)
17.	For ongoing THERAPEUTIC injections, did the patient receive less than 1 cc anesthetic per injection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (diagnostic injection)

Reference:

InterQual® 2012 Adult Procedures, Facet Joint Injection.

***CPT codes, descriptions and two-digit numeric modifiers only are copyright 2012 American Medical Association. All rights reserved.**