

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but



A. Subject

Facet Joint Interventions

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy

The member must meet the medically necessary criteria in the corresponding Facet Joint Interventions medical policy, MM-0967, before a diagnostic injection is performed.

III. Medial Branch Nerve Block Injections

- A. Once a positive diagnostic medial branch nerve block injection has been established, a maximum of six (6) injections may be performed in the cervical/thoracic spine and six (6) in the lumbar spine per rolling twelve (12) month period.
- B. Per CPT guidelines, imaging guidance and any injection of contrast are inclusive components of all facet medial branch nerve blocks and are not reimbursed separately.

IV. Radiofrequency Facet Ablation

- A. Radiofrequency Facet Ablations are considered medically necessary when the member meets ALL of the medically necessary criteria in the corresponding Facet Joint Interventions medical policy, MM-0967.
- B. A maximum of two (2) radiofrequency facet ablations per rolling 12 months for each spinal region (cervical/thoracic



G. Review/Revision History

	DATE	ACTION
Date Issued	05/13/2020	
		Nerve Block and Radiofrequency Facet Ablation policies.
Date Revised		
Date Effective	09/01/2020	
Date Archived	12/31/2020	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

IHCP Fee Schedules. Retrieved on April 15, 2020 from www.in.gov

The Reimbursement Policy Statement detailed