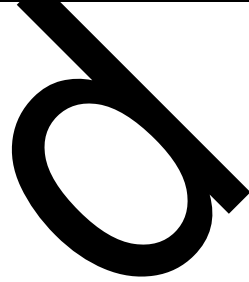


# REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

|                           |                |               |                       |
|---------------------------|----------------|---------------|-----------------------|
| Policy Name               |                | Policy Number | Effective Date        |
| Facet Joint Interventions |                | PY-1164       | 01/01/2021-05/ 1/2022 |
| Policy Type               |                |               |                       |
| Medical                   | Administrative | Pharmacy      | REIMBURSEMENT         |



## Table of Contents

|                                     |   |
|-------------------------------------|---|
| Reimbursement Policy Statement..... | 1 |
| A. Subject.....                     | 2 |
| B. Background.....                  | 2 |
| C. Definitions .....                | 2 |
| D. Policy.....                      | 2 |
| E. Conditions of Coverage.....      | 3 |
| F. Related Policies/Rules .....     | 4 |
| G. Review/Revision History.....     | 5 |
| H. References.....                  | 5 |





