



Appropriate Use of Modifier 50 and Add-On Current Procedural Terminology Codes (CPT) for Facet Joint Injection Services – JA6518

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Key Words MM6518, CR6518, R526OTN, Facet, Joint, Injection

Contractors Affected

- Medicare Carriers
- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)

Provider Types Affected Physicians and providers submitting claims to Medicare Carriers, FIs, and A/B MACs for facet joint injections performed on Medicare beneficiaries



Change Request (CR) 6518 clarifies the appropriate use of modifier 50 and add-on codes for facet joint injection services.

Provider Needs to Know...

- Facet joints are joints in the spine that aid stability and allow the spine to bend and twist.
 - Facet joint injections are a type of interventional pain management technique used to diagnose or treat back pain.
 - The CPT codes used for facet joint injections are listed in the table below.
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Table: Facet Joint Injection CPT Codes and Descriptions

CPT Code	Descriptions
64470	Injection; anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical/thoracic; single level
64472 (add-on)	Injection; anesthetic agent and/or steroid; paravertebral facet joint or facet joint nerve; cervical/thoracic; each additional level
64475	Injection; anesthetic agent and/or steroid; paravertebral facet joint or facet joint nerve; lumbar/sacral; single level
64476 (add-on)	Injection; anesthetic agent and/or steroid; paravertebral facet joint or facet joint nerve; lumbar/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 primary code has an associated add-on code for use when injections are provided at multiple spinal levels. The add-on codes are 64472 (cervical/thoracic) and 64476 (lumbar/sacral).
- When facet joint injections are performed on both the right and left sides of a level of the spine, physicians must use modifier 50 and the appropriate primary CPT code.
- When facet joint injections are performed at more than one level, physicians must use add-on codes 64472 or 64476 to represent additional levels of the spine injected.

Background

- Bilateral injections are performed on the right and left sides of one joint level.
- The Centers for Medicare & Medicaid Services (CMS) requires physicians to indicate a bilateral injection by using billing modifier 50 and the appropriate CPT code.
- If a physician performs multiple bilateral injections, modifier 50 should accompany each facet joint injection CPT code.
- The Office of the Inspector General (OIG) recently conducted a medical record review of facet joint injection services performed in 2006 and released a final report, entitled, "Medicare Payments for Facet Joint Injection Services," OEI-05-07-00200.
- **The OIG found that physicians incorrectly billed additional add-on codes to represent bilateral facet joint injections instead of using modifier 50.**
- Providers may view this report at <http://www.oig.hhs.gov/oei/reports/oei-05-07-00200.pdf> on the Internet.

Operational
Impact

N/A

Reference
Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6518.pdf> on the CMS website.

The official instruction (CR6518) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R526OTN.pdf> on the CMS website.
