



News Flash – As of January 1, 2009, eligible professionals can participate in the E-Prescribing Incentive Program by reporting on their adoption and use of an E-Prescribing system by submitting information on one E-Prescribing measure on their Medicare Part B claims. For the 2009 e-prescribing reporting year, to be a successful E-Prescriber and to qualify to receive an incentive payment, an eligible professional must report one E-Prescribing measure in at least 50% of the cases in which the measure is reportable by the eligible professional during 2009. There is no sign-up or pre-registration to participate in the E-Prescribing Incentive Program. For more information, visit <http://www.cms.hhs.gov/ERxIncentive/> on the CMS website.

MLN Matters® Number: MM6518 **Revised**

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

Note: This article was revised on August 10, 2009, to reflect a revision made to CR6518. The transmittal number (see above) and the Web address for accessing CR6518 have been changed. All other information remains the same.

Provider Types Affected

Physicians and providers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FI) and Medicare Administrative Contractors (MAC)) for facet joint injections performed on Medicare beneficiaries.

Provider Action Needed

This article clarifies the appropriate use of modifier 50 and add-on codes for facet joint injection services. Physicians who perform facet joint injections on **both the right and left sides of one level of the spine must use modifier 50** with the appropriate CPT codes when submitting claims. Physicians who perform facet joint injections **on multiple levels on the same side of the spine must use the CPT add-on codes** to represent these additional levels injected, **instead of using**

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modifier 50. Physicians should ensure that billing staffs are aware of this clarification.

Background

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:

Table: Facet Joint Injection CPT Codes and Descriptions

CPT Code	Description
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).

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**

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codes to represent bilateral facet joint injections instead of using modifier 50. This report is viewable at <http://www.oig.hhs.gov/oei/reports/oei-05-07-00200.pdf> on the Internet.

To summarize, 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.

Additional Information

If you have questions, please contact your Medicare carrier, FI and/or MAC at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction issued to your Medicare carrier, FI and/or MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R526OTN.pdf> on the CMS website.

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