

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 440</b>	<b>Date: February 6, 2009</b>
	<b>Change Request 6317</b>

**SUBJECT: Facet Joints**

**I. SUMMARY OF CHANGES:** Contractors should strengthen program safeguards to prevent improper payment for facet joint injection services.

**New/Revised Material**

**Effective Date: March 9, 2009**

**Implementation Date: March 9, 2009**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

**III. FUNDING:**

**SECTION A: For Fiscal Intermediaries and Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**SECTION B: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One-Time Notification**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment – One-Time Notification

<b>Pub. 100-20</b>	<b>Transmittal: 440</b>	<b>Date: February 6, 2009</b>	<b>Change Request: 6317</b>
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**SUBJECT: Facet Joints**

**Effective Date:** March 9, 2009

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## I. GENERAL INFORMATION

### A. Background:

The OIG issued a final report titled “Medicare Payments for Facet Joint Injection Services”, OEI-05-07-00200.

Facet joint services refer to 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. For some people with chronic pain due to a facet joint injury, injections of an anesthetic or steroid into a facet joint help reduce inflammation and relieve pain. Physicians (such as general practitioners, anesthesiologists, and others) most commonly provide these services in their offices, as well as in hospital outpatient settings and ambulatory surgical centers. The OIG found that 63 percent of facet joint injection services allowed in 2006 did not meet Medicare program requirements, resulting in approximately \$96 million in improper payments for physician services. An additional \$33 million in improper payments was allowed for associated facility claims. In addition, services provided in an office were more likely to have an error than those provided in an ambulatory surgical center or a hospital outpatient department.

### B. Policy:

Contractors should use the information in the background above to follow the processes and procedures already in the Program Integrity Manual concerning data analysis, contractor strategies and the PCA process.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6317.1	Contractors should review their facet joint claims data particularly for services performed in office settings.	X		X	X						
6317.2	Contractors should take appropriate action consistent with their individual prioritized strategy (e.g., establish automated prepayment edit, develop pre- and postpayment reviews, educate supplier), if the data warrants any action.	X		X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6317.3	None										

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: For all other recommendations and supporting information, use this space:**

### V. CONTACTS

**Pre-Implementation Contact(s):** Debbie Skinner, [debbie.skinner@cms.hhs.gov](mailto:debbie.skinner@cms.hhs.gov), 410-786-7480

**Post-Implementation Contact(s):** Debbie Skinner, [debbie.skinner@cms.hhs.gov](mailto:debbie.skinner@cms.hhs.gov), 410-786-7480

### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.