



**NEW!**  
**Facet Injections Billing Update**

May 04, 2015

Dear Valued Provider,

**PLEASE NOTE CHANGES TO BILLING REQUIREMENTS REGARDING FACET INJECTIONS**

Facet injections are injections of medications into the actual facet joints. Facet joints are located between each set of vertebrae in the spine from the neck to the tailbone. They allow each vertebrae to move against the vertebrae just above and below it. While the injection location- anatomic structure, unilateral versus bilateral- is clearly documented in the procedure notes, these site levels are not always reported in the claim.

This notification is to ensure that your claims are processed timely and accurately by indicating the site levels on your claims. This requirement is effective with all claims that are **processed on or after June 05, 2015**. Claims without the site levels reported will be denied, and require corrected claims in order to be reprocessed.

**EXAMPLES**

*Facet block right L4-5*  
 05 01 15    05 01 15    11 64493 RT

*Facet block left C4 C5 C6*  
 05 01 15    05 01 15    11 64490 LT  
 05 01 15    05 01 15    11 64491-LT

*\*\*when documentation states that injections were made on the same level but on different sides, modifier 50 should be appended to the CPT. Additionally, to ensure claim is processed correctly, you must specify the levels where the injection was given.*

<i>BILATERAL</i>	<i>FACET</i>	<i>L3 4</i>	<i>L4 5</i>	<i>L5 S1</i>	
05 01 15	05 01 15		11	64493	50
05 01 15	05 01 15		11	64494	50
05 01 15	05 01 15		11	64495	50
05 01 15	05 01 15		11	A4550	
05 01 15	05 01 15		11	J0702	
05 01 15	05 01 15		11	J2250	

For electronic claims, you can use the "notes" section to indicate the site levels.

**Claim rejections and denials after June 05, 2015:**

Claims processed on or after **June 05, 2015** that are billed without indicating the site levels will receive an upfront rejection and/or denial. In order to be considered for reprocessing, corrected claims will need to be resubmitted, and subject to the timely filing limitations as provided in AAC R9-22-705 and referenced in the Health Choice Arizona Provider Manual, Chapter 7, "General Billing Rules".

**Thank you for your continued commitment to serving our members and ensuring the provision of quality care and services. If you have any question or need additional information, please call Health Choice Provider Relations at 1-800-322-8670.**