

CHECKLIST FOR FACET JOINT INTERVENTIONS

Name: _____ Date: _____

DOCUMENTATION

- The assessment as it relates to the complaint for that visit
- Relevant medical history and physical examination
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report
- Documentation to support the medical necessity of the procedure(s)

CRITERIA FOR DIAGNOSTIC BLOCKS (4 COMPONENTS)

- Axial pain > 5
- 3 months duration of pain
- Inadequate response to conservative methods (chiropractic, physical therapy, structured exercise program, NSAIDs, and other drugs) with duration and effects
- No untreated radiculopathy (current imaging)

FIRST BLOCK Date: _____ ___ Positive ___ Negative

- First diagnostic block is performed with lidocaine 1% or 2%, 0.5 mL, producing $\geq 80\%$ pain relief with movements

SECOND BLOCK Date: _____ ___ Positive ___ Negative

- The second block, if the first block was positive, is performed with 0.25% or 0.5% bupivacaine, 0.5 mL, producing $\geq 80\%$ pain relief with movements

THERAPEUTIC FACET JOINT INTERVENTIONS

- Radiofrequency neurotomy requires 6 months of $\geq 50\%$ relief
- Therapeutic facet joint injections (1.5 mL) per level with proper indications should provide 3 months of $\geq 50\%$ relief
 - Indications documented

LIMITATIONS

- No more than 2 levels billed
- Only mild sedation of joint injections and nerve blocks; moderate sedation or MAC allowed for RF
- CT or fluoro – save images