

## **JE PRIOR AUTHORIZATION CHECKLIST – FACET JOINT INTERVENTION FOR PAIN MANAGEMENT**

This checklist is intended for healthcare providers to use as a reference when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

### **Policy References**

- [Facet Joint Interventions for Pain Management LCD Policy \(L38801\)](#)
- [Facet Joint Interventions for Pain Management Policy Article \(A58403\)](#)

### **Documentation References**

- [Part A Prior Authorization for Facet Joint Interventions for Pain Management](#)
- [Part B Prior Authorization for Facet Joint Interventions for Pain Management](#)
- [Part A Prior Authorization Request Coversheet](#)
- [Facet Joint Interventions for Pain Management Questions and Answers](#)

### **Medical Documentation**

Coverage is possible when the following documentation is included in the medical chart:

Correct beneficiary including name, date of birth, and date of service

Intent to perform procedure or qualified provider's order for procedure

Moderate to severe chronic neck or low back pain, predominantly axial, that causes functional deficit measured on pain or disability scale

Pain for a minimum of three months with documented failure to respond to conservative management

Absence of radiculopathy or neurogenic claudication (except for radiculopathy caused by facet joint synovial cyst)

Non-facet pathology must be ruled out based on clinical evaluation or radiology studies

Scales used to assess the measurement of pain and/or disability must obtain a baseline and document in the medical record for each assessment (refer to LCD/LCA)