

## Eli's Rehab Report

### READER QUESTIONS: Level Out Your Facet Joint Codes

**Question:** My physiatrist did three levels of facets on a patient. Two were in the thoracic region, and one was in the lumbar region but all on the left side of the spine. Should I report 64470, 64472, and 64475 or 64476? Because this is a new region of spine and the first level for that region, I thought I could report it as 64475, but then I started thinking maybe that is incorrect.

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**Answer:** You should report 64470 (Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level) and +64472 (...cervical or thoracic, each additional level [list separately in addition to code for primary procedure]) for the thoracic region and 64475 (...lumbar or sacral, single level) for the lumbar region.

Depending on the insurance company, you may want to attach modifier 59 (Distinct procedural service) to 64475.

**Note:** Make sure your ICD-9 codes linked to support medical necessity for the procedures reflect the different spinal regions.