

# Provider Update

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## Facet/Medial Block Injections Information

**Background:** In the August NewsBlast (TNPEC-0636-13), we notified you that Facet/Medial Branch Block Injections were no longer covered by TennCare effective October 1, 2013. The Bureau of TennCare has revised this policy.

### ★ What this means to you:

The Bureau of TennCare has revised this policy to be effective October 1, 2013 as follows:

- Therapeutic Facet/Medial Branch Block Injections are not covered
- Diagnostic Medial Branch Block Injections are covered as follows:
  - Limit to four per calendar year
  - Must be performed by a physician/practitioner as required by Tennessee Acts 2012, Public Chapter No. 961/SB No. 1935

Each claim must be accompanied by supporting documentation.

### **What supporting documentation will I need to submit with claims?**

Supporting documentation for Diagnostic Medial Branch Block Injections shall include a completed Medial Branch Block Injections Certification form, which has been attached for your convenience. This form must be submitted with your claim to have services considered for reimbursement.

### **What if I need help?**

If you have questions about this communication, received it in error or need help with anything else, contact your local Provider Relations representative or call our Provider Services team:

- Medicaid providers call 1-800-454-3730
- Medicare providers call 1-866-805-4589



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## MEDIAL BRANCH BLOCK INJECTIONS CERTIFICATION

Effective October 1, 2013, benefit limits and eligibility guidelines were established for Facet/Medial Branch Block Injections. This form must be submitted with your claim to have services considered for reimbursement.

### SECTION I

Member name: \_\_\_\_\_

Member I.D. #: \_\_\_\_\_

Name of performing provider: \_\_\_\_\_

Performing provider type: (Check only one below)

Advanced Practice Nurse    Physician Assistant    Physician Specialist    Osteopathic Physician

### SECTION II

Procedure code billed: \_\_\_\_\_ Procedure date: \_\_\_\_\_

### SECTION III

(Check only one of the boxes below)

- I am the advanced practice nurse who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-7-126(f) and that the procedure was a medial branch block performed for diagnostic purposes only.
- I am a physician, and I supervised the advanced practice nurse who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-7-126(f) and that the procedure was a medial branch block performed for diagnostic purposes only.
- I am the physician's assistant who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-19-107(5) and that the procedure was a medial branch block performed for diagnostic purposes only.
- I am a physician, and I supervised the physician's assistant who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-19-107(5) and that the procedure was a medial branch block performed for diagnostic purposes only.
- I am the physician specialist who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-6-244 and that the procedure was a medial branch block performed for diagnostic purposes only.



I am the osteopathic physician who performed the interventional pain management procedure on the member and date noted above. Additionally, I certify that this procedure was performed in compliance with the requirements of T.C.A. 63-9-121 and that the procedure was a medial branch block performed for diagnostic purposes only.

\_\_\_\_\_  
Billing Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Billing Provider's NPI #