

Optimization of Facet-Mediated Procedure Workflows

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Introduction

- Facet-mediated pain can be treated with Medial Branch Blocks (MBBs) and Radiofrequency Ablations (RFAs).
- Creating an optimized workflow can help facilitate patient care and reduce delays of care.
- In June 2023, Medicare implemented new policies for coverage of MBBs and RFAs, requiring prior authorization, 4-week global period between each procedure when performed in a hospital, and specified documentation [1].
- With these policies, the series of MBBs and RFAs took 3+ months to complete with our workflow.
- Our clinic faced obstacles including non-billable and incomplete post-procedure follow-ups and denials by insurance due to inadequate documentation.

Goal

- An intervention was created to standardize an optimized workflow for this series of procedures, minimize insurance denials, increase revenue and slot utilization, and improve patient outcomes.

Methodology

- Originally, staff contacted patients informally for post-procedural evaluation. At times, incomplete evaluation necessitated additional communication between physician and patient before proceeding with the next step.
- These follow-ups were unpaid, time-consuming, and conducted outside of formal appointment times.
- A standardized workflow was created for procedure and post-procedure follow-up scheduling (Figure 1):
 - Mandatory post-procedure follow-ups in office or via telemedicine within seven days of patient’s first and second MBBs
 - Both procedure dates and post-procedure follow-up dates scheduled at the initial office appointment
 - RFA subsequently scheduled during second MBB follow up if blocks were successful

Methodology

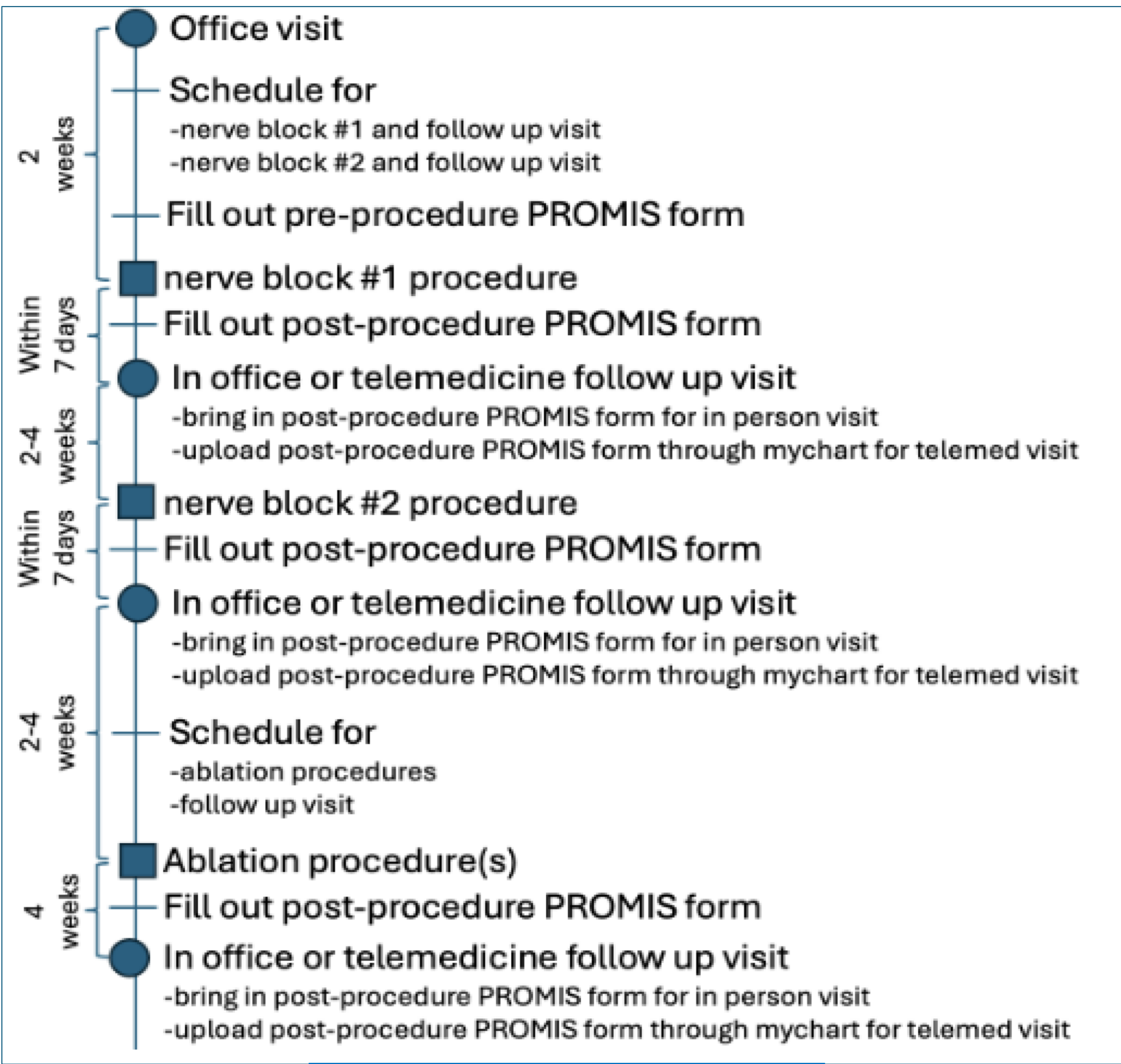


Figure 1

- EMR tools created to standardize documentation of required information for MBBs and RFAs.
- Patient-Reported Outcomes Measurement Information System (PROMIS) forms were utilized pre- and post-intervention.
- Clinic notes were screened for completeness prior to submission for insurance authorization.
- Patients were educated about insurance process and given a timeline for improved understanding and compliance (Figure 1).

Results

- After implementation, Medicare audit from June 2023 to August 2024 found 94% accuracy in our completion of required documentation.
- Our institution obtained an unprecedented exemption from Medicare, removing requirements for prior authorization and global period between procedures until the next audit (August 2025).
- The process that was taking on average over 4 months to complete has decreased to 6-8 weeks on average.
- Over a 5-month comparative period in 2024 vs 2025, the advanced practice provider (APP) average monthly billed collections increased 53%, appointment volume increased 40%, and slot utilization improved from 62% to 94% (Figures 2-4).

References

[1] LCD - Facet Joint Interventions for Pain Management (L38773) [Internet]. Cms.gov. 2024 [cited 2025 Sep 17]. Available from: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38773&ver=23>

Results

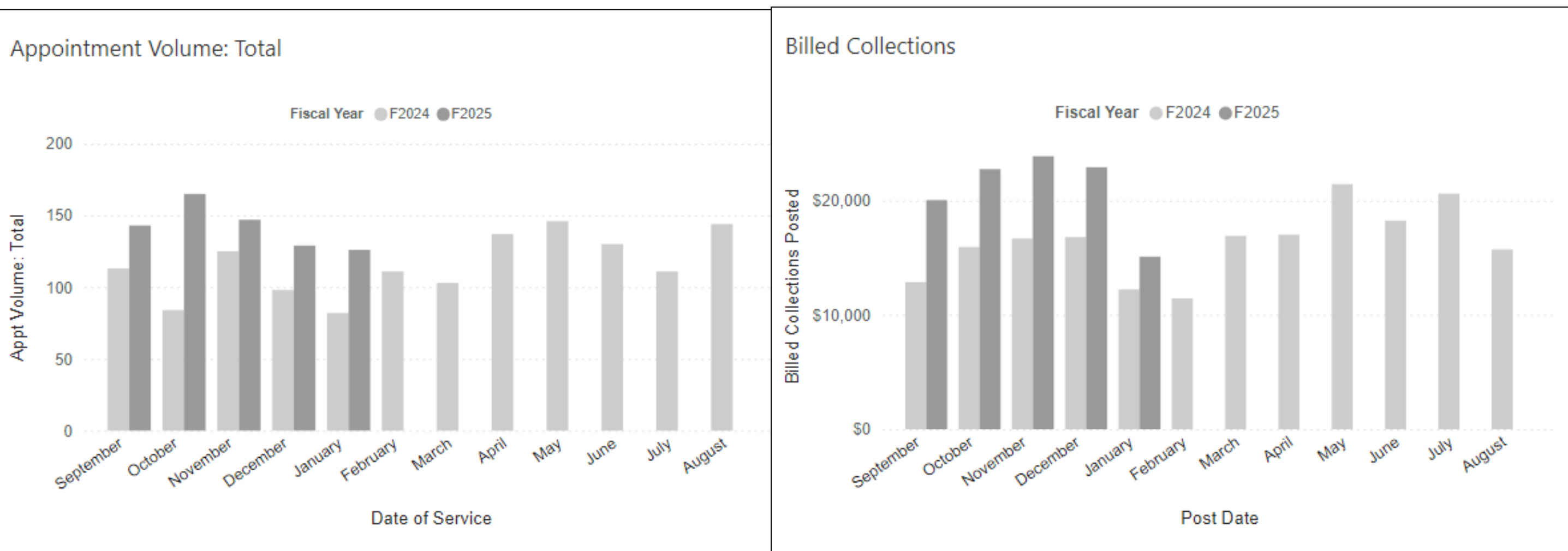


Figure 2

Figure 3

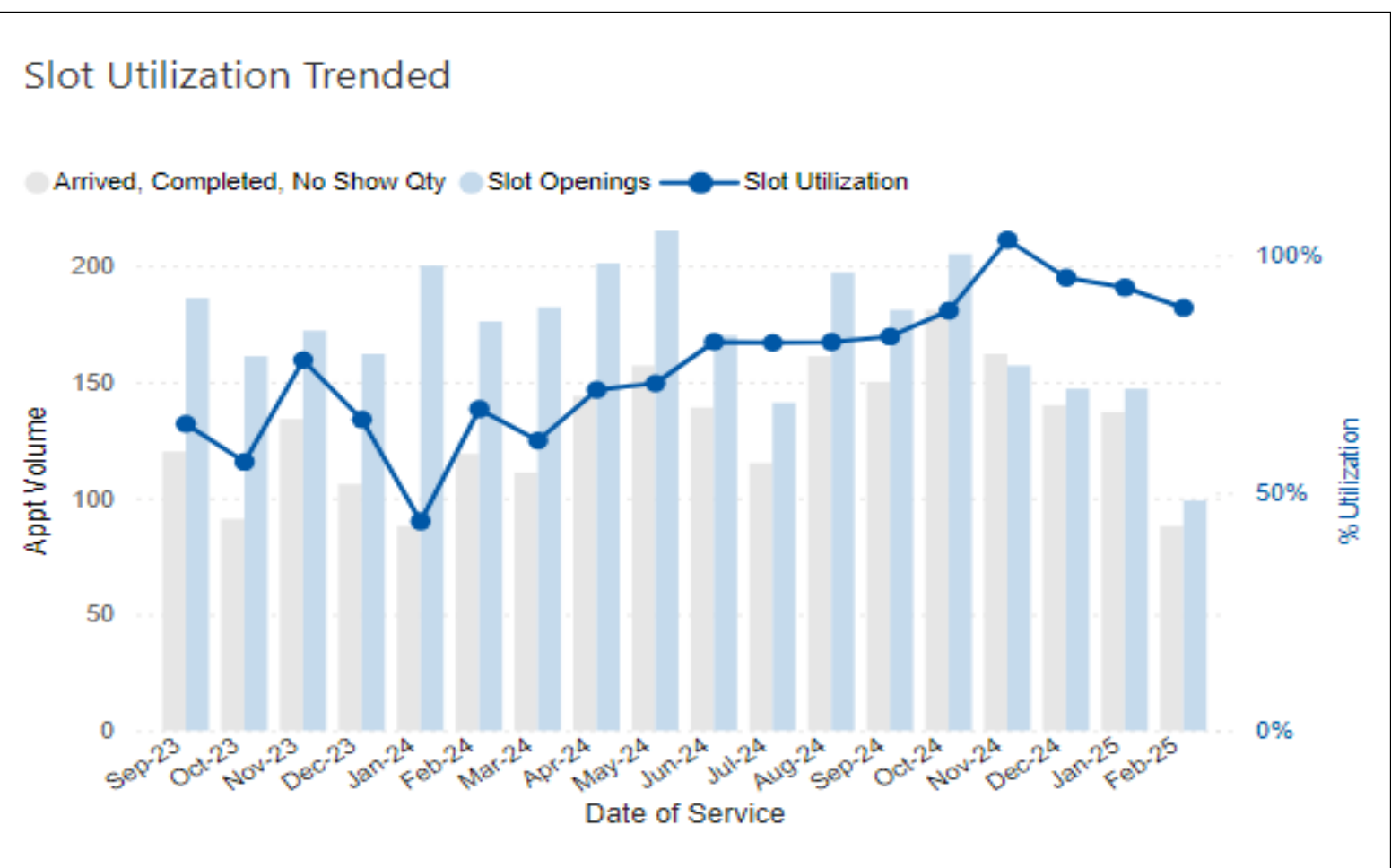


Figure 4

Conclusions

- In our case, a high level of accuracy (94%) translated to significantly improved system efficiency and unprecedented exemption from Medicare for requirements for prior authorization and global period.
- Potential barriers include full clinic schedule that would not permit addition of standardized follow-up appointments per strict timelines.
- By understanding insurance requirements and implementing a team-based approach, a high level of accuracy can be obtained to optimize patient care and improve clinic metrics.