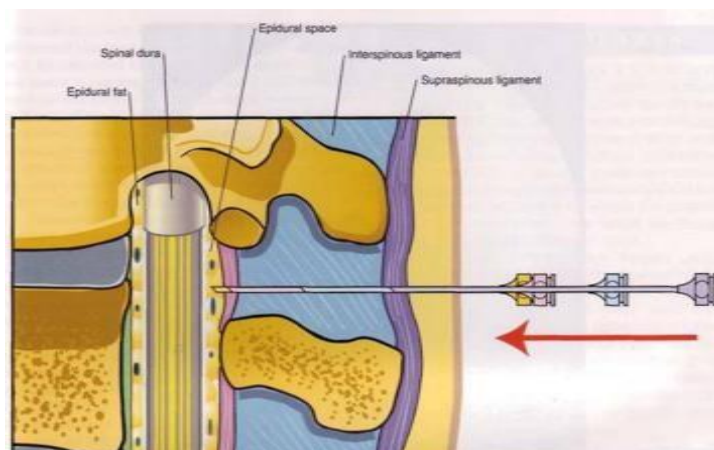


Pain Management

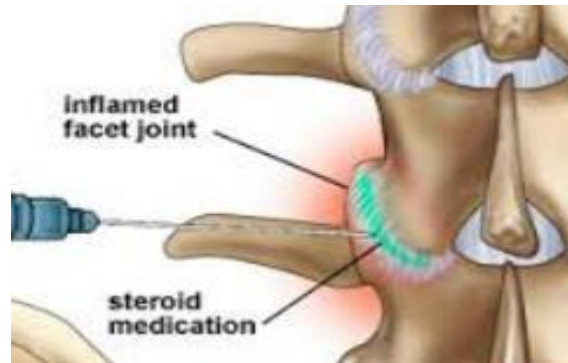
Epidural steroid:

- CPT codes 62320, 62321 (cervical or thoracic) and 62322, 62322 (lumbar) describe a single injection of a diagnostic or therapeutic substance, not including neurolytic substances, directly into the subarachnoid or epidural space.
- This type of spinal injection is often described as an interlaminar epidural injection.
- This procedure typically cannot be described as unilateral or bilateral, as can other spinal injection procedures.
- However, epidural injection codes should be reported once per spinal level



Facet joint or Medial branch block injection

- CPT codes for injections into the paravertebral facet joints or facet nerves are coded with 64490-64495
- Facet joint or facet nerve injections are performed as therapy for pain control.
- The cervical facet injection codes (64490-64492). Report 64490 for a single level, 64491 for a second level, and 64492 for the third and any additional levels
- The Lumbar facet injection codes (64493-64495). Report 64493 for a single level, 64494 for a second level, and 64495 for the third and any additional level
- These codes are unilateral and when performed on both sides of the spine, should be reported as a bilateral procedure.
- For Facet joint injection under ultrasound guidance, see (0213T-0218T)



Transformational epidural injection:

- Codes 64479,64480 64483 64484 describe both diagnostic and therapeutic nerve root injections that involve needle entry into the epidural space through the intervertebral foramen.
- This technique differs from facet joint nerve injection technique (64490-64495), in that it is more difficult to perform.
- It involves a more lateral approach with the needle right next to the foramen the transformational epidural injection may often be termed a "nerve block."
- Like those spinal injection codes described previously, 64479,64480 64483 64484 are unilateral codes, and are performed with fluoroscopic or CT guidance. Coding conventions are the same with respect to bilateral injections at the same level, and for add-on codes for additional levels.
- As well, codes for each level treated are to be reported one time per level regardless of the number of injections performed at that specific level.



The use of ultrasound guidance for epidural steroid injection(s) and facet joint injection(s) is unproven and not medically necessary.

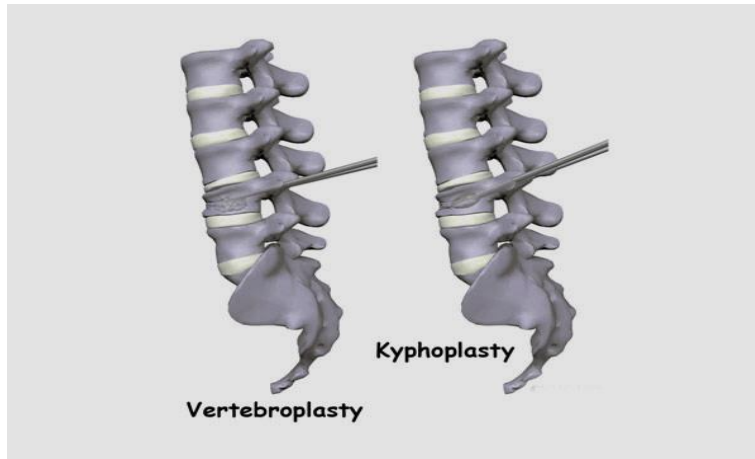
The following is the list of injection procedures that uses ultrasound

| CPT® | Code Description |
|-------|---|
| 0213T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level |
| 0214T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure) |
| 0215T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) |
| 0216T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level |
| 0217T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure) |
| 0218T | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |

Vertebroplasty / Kyphoplasty

•Vertebroplasty

- Vertebroplasty – **Cervicothoracic** (1st level): **22510**
- Vertebroplasty – **Lumbosacral** (1st level): **22511**
- Vertebroplasty – Each additional level of the above: **+22512**
- **Note:** Same charge whether you perform unilateral or bilateral injection of cement(PMMA). Modifier 50 can NOT be used.
- **Note:** The global charge for the procedure includes all imaging guidance and any bone biopsy performed.



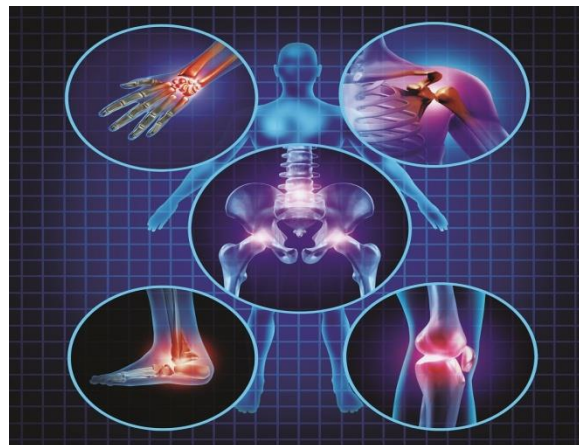
• Kyphoplasty

- Kyphoplasty – **Thoracic** (1st level): **22513**
- Kyphoplasty – **Lumbar** (1st level): **22514**
- Kyphoplasty – **Thoracic** or **Lumbar** (each additional level): **+22515**
- **Note:** Same charge whether you perform unilateral or bilateral injection of cement(PMMA). Modifier 50 can NOT be used.

• **Note:** 10-day global period

Joints and Bursa – Injection or Aspiration

- Major joint/bursa: **20610** (knee, hip, shoulder, trochanteric bursa, subacromial bursa, pes anserine bursa)
- Intermediate joint/bursa: **20605** (temporomandibular, acromioclavicular, wrist, elbow, ankle, olecranon bursa)
- Minor joint/bursa: **20600** (fingers [PIP, DIP], toes)
- Sacroiliac joint (SIJ) with fluoroscopy: **27096**



- Sacroiliac joint (SIJ) without fluoroscopy: **20552** (billed as a trigger point injection)
- Fluoroscopic needle guidance (non-spinal): **77002**
- Shoulder arthrogram injection: **23350** (+77002)
- Hip arthrogram injection: **27093** (+77002)
- Genicular nerve blocks: **64450** x3 units
- Genicular nerve RFA: **64640, 64640-59, 64640-59**

Tendons, Ligaments, and Muscle Injections

- Tendon sheath or Ligament: **20550** (iliolumbar ligament, trigger finger, De Quervain's tenosynovitis, plantar fascia)
- Tendon origin/insertion: **20551**
- Trigger point injection (1 or 2 muscles): **20552**
- Trigger point injection (3 or more muscles): **20553**
- Sacroiliac joint (SIJ) without fluoroscopy: **20552** (billed as a trigger point injection)
- Intramuscular injections: **96372**
- Fluoroscopic needle guidance (non-spinal): **77002**

Nerve Blocks

- Greater occipital nerve block: **64405**
- Lesser occipital nerve block: **64450**
- Other peripheral nerve: **64450** (I use this for superior cluneal nerve blocks, genicular nerve blocks, and lateral branch blocks for the SI joints)
- Suprascapular nerve: **64418**
- Intercostal nerve (single): **64420**
- Intercostal nerve (multiple): **64421**
- Ilioinguinal and Iliohypogastric nerve: **64425**
- Trigeminal nerve (any branch): **64400**
- Sphenopalatine ganglion: **64505**
- Stellate ganglion (cervical sympathetic): **64510**
- Superior hypogastric plexus: **64517**

- Thoracic or lumbar paravertebral sympathetic or ganglion impar block: **64520**
- Celiac plexus: **64530**
- Plantar common digital nerve (Morton's neuroma): **64455**
- Unlisted procedure: **64999**

Epidural Steroid Injections (ESI)

•Interlaminar (WITH fluoroscopic imaging)

- Interlaminar – cervical or thoracic: **62321**
- Interlaminar – lumbar or sacral (caudal): **62323**
- **Remember:** Fluoro can NOT be billed separately for these.

•Transforaminal

- Transforaminal – cervical or thoracic (first level): **64479**
- Transforaminal – cervical or thoracic (each additional level): **64480**
- Transforaminal – lumbar or sacral (first level): **64483**
- Transforaminal – lumbar or sacral (each additional level): **64484**
- **Remember:** Fluoro can NOT be billed separately for these.
- **Ex:** A bilateral L5 TF ESI would be billed as 64483 -50.

Facet Joint Procedures

•Intraarticular Joint or Medial Branch Block

- Intraarticular joint or medial branch block (MBB) –cervical or thoracic (1st level): **64490**
- Intraarticular joint or medial branch block (MBB) –cervical or thoracic (2nd level): **64491**
- Intraarticular joint or medial branch block (MBB) –cervical or thoracic (3rd level): **64492**
- Intraarticular joint or medial branch block (MBB) –lumbar or sacral (1st level): **64493**
- Intraarticular joint or medial branch block (MBB) –lumbar or sacral (2nd level): **64494**
- Intraarticular joint or medial branch block (MBB) –lumbar or sacral (3rd level): **64495**

- **Note:** You can bill for bilateral facets or MBB at the same levels (with the -50 modifier), but you will NOT typically get reimbursed for over 3 facet joints or medial branches on the same side.
- **Note:** For medial branch blocks, the proper billing is to bill for each complete facet joint blocks (see example below)
- **Ex:** Bilateral L3, L4, L5 MBBs would be billed as 64493 -50, 64494 -50.
- **Note:** The third occipital nerve (TON) partially innervates the C2/3 facet joint, so along with a C3 MBB, this would be billed as one full joint (64490)
- **Ex:** Right TON, C3, C4, C5 blocks = Three full facet joints (C2/3, C3/4, C4/5) = 64490, 64491, 64492
- **Remember:** Fluoro can NOT be billed separately for these.

• Radiofrequency Ablation (RFA) / “Destruction” of Facet Joint

- Radiofrequency ablation (RFA) – **cervical** or **thoracic** (1st joint): **64633**
- Radiofrequency ablation (RFA) – **cervical** or **thoracic** (each additional joint): **64634**
- Radiofrequency ablation (RFA) – **lumbar** or **sacral** (1st joint): **64635**
- Radiofrequency ablation (RFA) – **lumbar** or **sacral** (each additional joint): **64636**
- **Remember:** Fluoro can NOT be billed separately for these.

Sacroiliac Joint

- Sacroiliac joint (SIJ) without fluoroscopy: **20552** (billed as a trigger point injection)
- Sacroiliac joint (SIJ) with fluoroscopy: **27096**
- Sacral lateral branch blocks: **64450** (remember to bill 77003 with these, but not with the 64493 code)
- **Radiofrequency Ablation (RFA)** of the Sacroiliac Joint
 - RF of L5 dorsal primary ramus: **64635**
 - RF of S1 lateral branches: **64640**
 - RF of S2 lateral branches: **64640**
 - RF of S3 lateral branches: **64640**
 - Fluoroscopic needle guidance (Spinal): **77003** (for the S1-S3 nerve lateral branches, not the L5)
 - **Note:** Use 724.6 (Disorder of the sacrum) and 721.3 (lumbar spondylosis) as the diagnostic codes

Neurostimulation (Spinal Cord Stimulator / Dorsal Column Stimulator)

• Trial Procedure

- Percutaneous implant of electrode array: **63650** (includes 10-day global)
– bill two units if you implant two trial leads

• Implantation of Spinal Cord Stimulator Percutaneous Leads and Generator

- Percutaneous implant of electrode array: **63650** (includes 10-day global)
- Insertion or replacement of pulse generator: **63685** (includes 10-day global)

• Implantation of Spinal Cord Stimulator PADDLE Leads and Generator

- Laminectomy for implant of neurostimulator electrode, paddle: **63655** (includes 90-day global)
- Insertion or replacement of pulse generator: **63685** (includes 10-day global)

• Removal of Leads/Generator (Explant)

- Removal of spinal neurostimulator percutaneous array(s): **63661** (includes 10-day global)
- Removal of spinal neurostimulator paddle electrode: **63662** (includes 90-day global)
- Removal of pulse generator: **63688** (includes 10-day global)
- **Important:** Also bill for the implanted **neurostimulator electrodes** (each lead): **L8680**

Discogram / Discography

- Discogram / Discography – **Cervical/Thoracic** (each disc): **62291**
- Supervision & interpretation of fluoroscopy – **Cervical/Thoracic** (each disc): **72285**
- Discogram / Discography – **Lumbar** (each disc): **62290**
- Supervision & interpretation of fluoroscopy – **Lumbar** (each disc): **72295**
- **Remember:** Fluoroscopy is bundled here and can NOT be billed separately for these.

Botulinum Toxin Injections

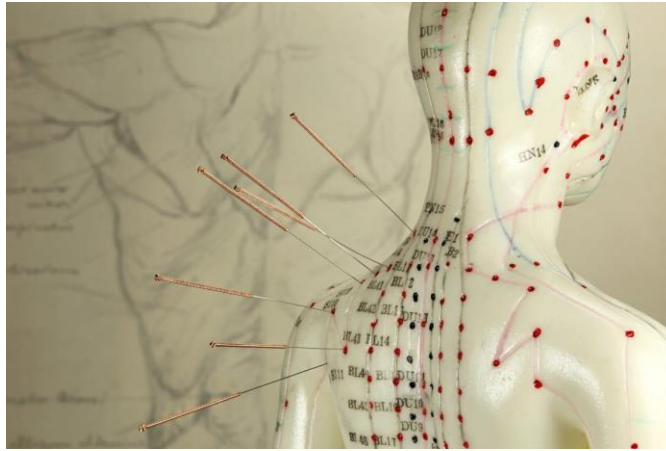
- Botulinum toxin type A – Botox, Dysport (per unit): **J0585**
- Botulinum toxin type B – Myobloc (per 100 units): **J0587**
- Needle electromyography in conjunction with chemodenervation: **95874**
- Chemodenervation of muscles in the neck (spasmodic torticollis): **64616**
- Chemodenervation of muscles innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (chronic migraine): **64615**

Other

- Carpal tunnel injection: **20526**
- Epidural blood patch: **62273**
- Fluoroscopic needle guidance (spinal): **77003**
- Fluoroscopic needle guidance (non-spinal): **77002**
- CT needle guidance: **77012**

Acupuncture

- with electrical stimulation: **97813**
- without electric stimulation: **97810**



Modalities

- Diathermy (Microwave): **97024**
- Heating pads / cold packs: **97010**
- Self-care / home management training: **97535**
- Therapeutic ultrasound: **97035**
- Traction: **97012**
- Transcutaneous Electrical Nerve Stimulation (TENS): **G0283**

Osteopathic Manipulative Treatment

- OMT 1-2 body regions: **98925**
- OMT 3-4 body regions: **98926**
- OMT 5-6 body regions: **98927**
- OMT 7-8 body regions: **98928**
- OMT 9-10 body regions: **98929**
(note from a reader: use 98928 or less if OMT done in conjunction with an injection and 98927 or less if OMT done in conjunction with epidural)

Injectables (J-codes)

- Omnipaque 300 (per ml): **Q9967**
- Omnipaque 240 (per ml): **Q9966**
- Dexamethasone sodium phosphate (per mg): **J1100**
- Celestone (per 3 mg): **J0702**
- Depo-Medrol (40mg): **J1030**
- Depo-Medrol (80mg): **J1040**
- Kenalog/Triamcinolone (per 10 mg): **J3301**
- Toradol/Ketorolac (per 15mg): **J1885** (don't forget the 96372 code if injected intramuscular)
- Methocarbamol – Robaxin (up to 10 ml): **J2800** (don't forget the 96372 code if injected intramuscular)
- Synvisc 3 dose (per 2 ml syringe): **J7325**
- Versed (per mg): **J2250**
- Fentanyl (0.1 mg): **J3010**
- Diphenhydramine – Benadryl (injection up to 50-mg): **J1200**
- Botulinum toxin type A – Botox, Dysport (per unit): **J0585**
- Botulinum toxin type B – Myobloc (per 100 units): **J0587**

Electromyography (EMG) & Nerve Conduction Studies (NCS)

- Blink reflex (orbicularis oculi): **95933** (only once per study)
- EMG guidance during botulinum toxin injections: **95874**
 - Add modifier -26 if you don't own the EMG machine you're using
- EMG w/NCS, each extremity, "limited" (4 or fewer muscles): **95885**
- EMG w/NCS, each extremity, "complete" (5+ muscles, innervated by 3+ nerves or 4+ spinallevels): **95886**
- EMG w/o NCS on same day: one extremity = **95860**, two extremities = **95861**, three = **95863**,four = **95864**
- Cranial nerves
 - EMG (unilateral): **95867**
 - EMG (bilateral): **95868**
- Note:** EMG needles can not be billed separately, as they are included in the EMG codes

2013 CPT Coding Changes for Nerve Conduction Studies – Effective January 1, 2013

- **Each conduction study is counted as one** for sensory, motor with or without F-wave, or H-reflex. Orthodromic and antidromic tests on the same nerve count onlyonce.
- **Example:** Bilateral sensory and motor median and ulnar NCS is performed. This is eight (8) separate tests, so the proper code now is 95910. Adding a radial sensory onone side would then make it a 95911.
- 1-2 NCS = **95907**
- 3-4 NCS = **95908**
- 5-6 NCS = **95909**
- 7-8 NCS = **95910**
- 9-10 NCS = **95911**
- 11-12 NCS = **95912**
- 13+ NCS = **95913**