

Destruction by Neurolytic Agent (Genicular Injection; Radiofrequency Neurotomy Sacroiliac Joint)

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For Current Procedural Terminology (CPT®) 2020 code set, new codes have been established to report destruction by neurolytic agent of genicular nerve branches (64624) and radiofrequency ablation of nerves innervating the sacroiliac joint (64625). In addition, parenthetical notes and cross-references have been added to instruct users how to appropriately report these new codes. This article provides an update regarding these changes.

Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radiofrequency), Chemodenervation

Somatic Nerves

64624

Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed

▶ (Do not report 64624 in conjunction with 64454) ◀

▶ (64624 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64624 with modifier 52) ◀

64625

Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

- ▶ (Do not report 64625 in conjunction with 64635, 77002, 77003, 77012, 95873, 95874) ◀
- ▶ (For radiofrequency ablation, nerves innervating the sacroiliac joint, with ultrasound, use 76999) ◀
- ▶ (For bilateral procedure, report 64625 with modifier 50) ◀

Code 64624 requires treating the superolateral, superomedial, and inferomedial genicular nerve branches. If each of these branches are not treated, then code 64624 should be reported with modifier 52, Reduced Services, appended. A new parenthetical note precludes reporting code 64624 in conjunction with code 64454, Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed. According to the new table, users are instructed to report only one unit of 64624 for destruction of any number of genicular nerve branches, with a required minimum of three nerve branches. In addition, it indicates that imaging guidance is included and not separately reportable.

Code 64625 describes radiofrequency ablation of nerves innervating the sacroiliac joint and includes fluoroscopic or CT guidance. An exclusionary parenthetical has been added following code 64625 instructing users not to report code 64625 in conjunction with 64635, Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint, or with fluoroscopic and CT guidance codes 77002, 77003, and 77012. To provide further guidance, an instructional parenthetical note following code 64625 has been added to instruct users to see code 76999 (unlisted ultrasound procedure) for radiofrequency ablation of nerves innervating the sacroiliac joint with ultrasound guidance.

Because code 64625 may be performed bilaterally, instruction has been being provided to report this code with modifier 50, Bilateral Procedure, appended to identify the bilateral procedure, when it is performed. A new table has been added to assist users on the number of units that may be reported, if imaging guidance is included and/or if it can be reported separately.

Clinical Example (64624)

A 78-year-old female has a five-year history of persistent right knee pain that is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of genicular nerve blocks was conducted and found to temporarily relieve her pain and improve her function. She is now scheduled for genicular nerve radiofrequency lesioning to provide longer-term, sustained pain relief.

Description of Procedure (64624)

Identify the appropriate skin and bony landmarks. Perform the procedure under fluoroscopic guidance. Target the superolateral, superomedial, and inferomedial genicular nerves adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. Under imaging

guidance, guide a radiofrequency cannula from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. Perform motor stimulation to ensure the absence of adjacent motor fibers. After positive confirmation of sensory placement and negative motor testing, administer local anesthetic adjacent to the nerve to mitigate pain associated with radiofrequency lesioning. Perform radiofrequency ablation. The target tissue should reach 80° C for 90 seconds. Remove the needle and stylet.

Clinical Example (64625)

A 68-year-old male has a five-year history of persistent right sacroiliac joint pain and struggles to complete ADLs. He has had poor pain control despite multiple medication trials and PT. Subsequently, a trial of diagnostic nerve blocks was conducted, which temporarily relieved his pain and improved his function. He is now scheduled for radiofrequency ablation of the nerves innervating the sacroiliac joint to provide longer-term, sustained pain relief.

Description of Procedure (64625)

Perform the procedure under fluoroscopic guidance. Target the L5 dorsal ramus nerve at the junction of the sacral ala and S1 superior articular process. Target the S1, S2, and S3 nerves at multiple points along the posterior lateral foramen of the S1, S2, and S3 foramen, respectively. Under imaging guidance, guide a radiofrequency cannula to the appropriate fluoroscopic landmark. Perform sensory stimulation. After further anesthetic is injected, perform radiofrequency ablation 60° C for 150 seconds. Remove the needle and stylet. ◆