

## Nerve Block Reporting (64450, 64461, 64488, 64489, 64999)

### CPT® Assistant.

July 2022; Volume 32: Issue 7

In the Current Procedural Terminology (CPT®) 2020 code set, significant changes were made to improve and update the coding structure in the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic subsection of the Nervous System section. Per guidelines added to the CPT 2020 code set, “Codes 64400-64450, 64454 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code.” These guidelines were established to help clarify the reporting of these codes, but we continue to receive inquiries requesting further clarification on the use of codes 64450, 64461, 64488, 64489, and 64999, as well as the difference between reporting code 64450 and code 64999. This article provides additional clarification on the intent and use of these codes.

### Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

|               |  |
|---------------|--|
| <b>64450</b>  | Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch   |
| <b>#64461</b> | Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)                                   |
| <b>64486</b>  | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed) |

- 64487** by continuous infusion(s) (includes imaging guidance, when performed)
- 64488** Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
- 64489** by continuous infusions (includes imaging guidance, when performed)
- 64999** Unlisted procedure, nervous system

As noted in the article, “Coding Consultation: Questions and Answers” in the April 2005 issue of CPT® Assistant (p 13), “a nerve block injection performed with an anesthetic and steroid combination should be reported with a code from the 64400-64450 or 64505-64530 series...provided the purpose of the injection is not to create tissue damage or nerve destruction.”

### **Reporting Scenarios**

Code 64450 is reported for the diagnostic or therapeutic introduction or injection of an anesthetic agent in a peripheral nerve or branch. This is a nondestructive nerve block, which includes, but is not limited to, injection treatment of tarsal tunnel syndrome, sural nerve entrapment, and medial calcaneal nerve branch neuritis. Code 64450 is not reported if the injection serves to provide anesthesia for the actual performance of a surgical procedure but may be used for such an injection to provide postoperative anesthesia for a surgical procedure. Examples of the appropriate use of code 64450 include the nerve block of the sensory posterior articular nerves of the knee (SPANK block) or a nerve block injection after surgery on the lower leg when administered for postoperative pain control.

### **Clinical Example (64450)**

A 52-year-old female complains of chronic burning pain and a tingling sensation in the plantar aspect of her right foot. Clinical examination is consistent with tarsal tunnel syndrome. The decision is made to perform a therapeutic injection about the posterior tibial nerve utilizing local anesthetic and a steroid.

### **Coding Tip**

When bilateral blocks are performed, modifier 50, Bilateral Procedure, may be appended to codes 64450 and 64451.

Code 64461 describes the administration of a thoracic paravertebral block (PVB). The code descriptor indicates a “single injection”; therefore, this code may be reported for the initial PVB injection site and is reported only once for the procedure. For example, after open heart surgery, a paravertebral block is performed for postoperative pain control. As noted in the January 2016 issue of CPT® Assistant (p 9):

A PVB is achieved by the administration of local anesthetic into the paravertebral area as a single injection, multiple injections, or continuous infusion at any level of the thoracic spine. A PVB targets the sympathetic chain of nerves and somatic nerves (intercostal and spinal nerves and their branches), which may be utilized for dermatomal coverage from T2 (thoracic level 2) to L1 (lumbar level 1). PVBs are used for postoperative pain control and thoracic and abdominal wall analgesia (for example, to treat pain after a thoracotomy or a mastectomy), or for multiple rib fracture analgesia (whether or not surgical intervention is needed).

### **Clinical Example (64461)**

A 50-year-old female undergoes a right mastectomy for breast cancer. She is at risk for postoperative pain. A right paravertebral block is placed at T4 per the surgeon’s request for postoperative pain control.



Four codes in the CPT code set describe transversus abdominis plane (TAP block): 64486- 64489. Codes 64486 and 64487 are used to report a unilateral TAP block. Codes 64488 and 64489 are reported for the administration of a bilateral TAP block. These codes distinguish injection (64486, 64488) from continuous infusion (64487, 64489). For example, code 64488 is reported when after performing a splenectomy, the surgeon requests a TAP block to help control the patient’s postoperative pain. Whereas code 64489 is reported for the continuous infusion of the bilateral TAP block via an indwelling catheter, such as when a patient undergoes hysterectomy for uterine cancer and the surgeon requests placement of a catheter to provide continuous TAP block infusion for postoperative pain control.

**Clinical Example (64486)**

A 25-year-old male undergoes open appendectomy under general anesthesia. He is at risk for postoperative pain. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block is placed at the request of the surgeon.

**Clinical Example (64487)**

A 58-year-old male undergoes partial nephrectomy under general anesthesia for renal cell carcinoma. In order to provide postoperative pain control, a transversus abdominis plane (TAP) block with catheter placement for continuous infusion is placed at the request of the surgeon.

**Clinical Example (64488)**

A 45-year-old female undergoes laparoscopy cholecystectomy under general anesthesia. She is at risk for postoperative pain. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks are placed at the request of the surgeon.

**Clinical Example (64489)**

A 64-year-old female undergoes hysterectomy under general anesthesia for uterine cancer. In order to provide postoperative pain control, bilateral transversus abdominis plane (TAP) blocks with catheter placement for continuous infusion are placed at the request of the surgeon.

**Coding Tip**

Report code 64999, Unlisted procedure, nervous system, for injection of the nerves innervating the quadratus lumborum for pain control.

Code 64999 is reported for a nonspecific procedure performed in the nervous system, such as minimally invasive procedures not specified in the CPT code set, new technologies, experimental or investigational procedures, and so on. When reporting an unlisted code to describe a procedure or service, supporting documentation (eg, procedure report) should be submitted to provide an adequate description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service.