

Part B Insider (Multispecialty) Coding Alert

Neurology: CPT® Adjusts Time Designation for Neurostimulations Effective Jan. 1

Heads up: You won't always worry about time for neurostimulator analysis.

ICD-10 implementation might only be a few days away, but don't forget about another important set of updates you need to begin studying this time of year ☐ CPT® shifts for 2016. Early information from the AMA includes details on additions, revisions, and deletions that pain management and neurology practices will need to implement in January.

Shift Away from Neurostimulator Time Designation

One change to neurostimulator coding you've become accustomed to in 2015 will be void in 2016: the specification of "up to one hour" in the descriptor for 95972. The current (through Dec.31, 2015) descriptor is: Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, up to 1 hour.

The 2015 code set revised the descriptor to update the duration of service so the code referred to the service the provider rendered within and up to one hour (previous versions of the code were based on "first hour"). This revision more clearly identified that the code covers the services the provider performs during and up to one hour of electronic analysis of a preexisting complex spinal cord or peripheral neurostimulator pulse generator system to ensure that it is functioning properly.

Remember: A provider codes for complex neurostimulator programming by location (such as spinal, cranial, deep brain, or gastric), the total time spent performing the service, and the adjustment of four or more of the parameters found in the descriptor (such as rate, pulse amplitude, pulse duration, pulse frequency, or dose time).

2016 change: The code will no longer have a time designation beginning Jan. 1, 2016. The updated descriptor will read: ... complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming.

"This format ☐ without a time basis ☐ is now in line with the simple programming code, 95971, which also does not have a time requirement," points out **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co. "The big issue will be to see if/how much the associated RVUs for the 95972 code are changed for 2016 given this revision. This would apply to both pain management and possibly neurology."

Also note: CPT® 2016 reportedly will delete add-on code 95973 (...complex spinal cord, or peripheral [i.e., peripheral nerve, sacral nerve, neuromuscular] [except cranial nerve] neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour [List separately in addition to code for primary procedure]). With 95972 no longer being time-based, the additional code for 30-minute blocks is no longer necessary.

Learn the Extra Choices for Paravertebral Blocks

Nerve blocks are common fare for every pain management provider and coder. You'll have three new choices for paravertebral/paraspinous blocks in 2016:

- 64461 ☐ Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
- 64462 ☐ ... second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)
- 64463 ☐ ... continuous infusion by catheter (includes imaging guidance, when performed).

Refresher: A paravertebral block essentially is a unilateral block of the spinal nerve (including the dorsal and ventral rami) and the sympathetic chain ganglion. Providers can perform these blocks at any vertebral level, but most often administer them at the thoracic level because of anatomic considerations.

Prediction: "The paravertebral injection/infusion codes would be used primarily for acute postoperative or trauma pain, and rarely reported by chronic pain management providers," Hammer says.

Watch for Possible Epidural Updates

"We also need to keep our eyes on what will happen with the 62310-62319 code set," Hammer says. "I didn't see any revisions in the 2016 file set but the AMA indicated in one of its panel meetings earlier this year that there could be changes to these codes."

That information was published in notes from the Panel's meeting in May 2015, which stated that the group took three actions regarding epidural injection codes:

- Accepted revision, deletion, and renumbering of codes 62310-62319 that preclude imaging
- Accepted revision of fluoroscopic guidance instructions related to these injections
- Added four new epidural injection codes that will include imaging.

The actual revisions to the existing codes have not been publicized. Current descriptors are:

- 62310 ☐ Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62311 ☐ ... lumbar or sacral (caudal)
- 62318 ☐ Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62319 ☐ ... lumbar or sacral (caudal).