

Part B Insider (Multispecialty) Coding Alert

Reader Question: You May Be Behind on Your Ablation Codes

Question: We used to bill radiofrequency ablation codes 64633, 64634, 64635, and 64636 by nerves. Has that changed to billing by levels/joints?

Answer: Yes, that change took effect in January 2012.

Prior to 2012, the unit of service used to report these procedures was a single nerve at a single vertebral level. When the change took place, the codes you had reported up until that point (64622, 64623, 64626, and 64627) were deleted and replaced with the codes you mention:

- 64633 □ Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
- 64634 □ ... cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
- 64635 □ ... lumbar or sacral, single facet joint
- 64636 □ ... lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure).

According to AMA CPT® Changes 2012, "a unit of service for these new codes is a single facet joint." For example, your pain management physician performs radiofrequency ablation of the C4, C5 and C6 paravertebral facet joint nerves. These three medial branches provide sensory innervation for two facet joints: C4-C5 and C5-C6. You would bill this with 64633 with 1 unit of service and 64634 also with 1 unit of service.

Also, because 64633-64636 include guidance, do not report 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) in conjunction with those codes.