

## Eli's Rehab Report

### NCCI Update: Reporting Pretherapy Injections Will No Longer Be Painless

Version 9.1 of the National Correct Coding Initiative (NCCI), which took effect April 1, bundles all of the nerve block codes (64400-64530) into most of the codes from CPT's PM&R section.

Physiatrists and therapists often administer nerve blocks to patients who require immediate postoperative physical and occupational therapy. The nerve block eases patients' pain, allowing them to tolerate therapy and move more effectively. Medicare, however, now includes the injections in the therapy procedures, which means that PM&R practices will lose reimbursement for these therapy-related injections, some of which are worth more than \$300.

"This is disappointing," says **Joni Atanaski**, office manager at Gate Rehab, a two-physician, one-therapist practice in Parsippany, N.J. "We often administer nerve blocks before starting therapy, because it makes the patient more comfortable and allows the therapist to achieve a better range of motion with the patient. We're surprised that we'll have to absorb the injection cost now."

Specifically, the NCCI bundles the nerve block series into the therapy evaluation codes (97001-97004), the modality and therapeutic procedure codes 97012 and 97016-97535, and the osteopathic manipulative treatment codes (OMT, 98925-98929).

If your practice administers a nerve block as a distinct procedural service, you can still report both the therapy and the injection codes on the same day, as long as your documentation demonstrates that both services were separate and medically necessary.

For instance, if you perform therapeutic exercises with a patient in the morning to treat a broken ankle (824.x), and perform an intercostal nerve block in the afternoon to treat postherpetic trigeminal neuralgia (053.12), you should report 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) with 824.x, and 64420\*-59 (Injection, anesthetic agent; intercostal nerve, single; Distinct procedural service) with 053.12.

#### TPIs Bundled Into SI Injections

The NCCI also bundles the trigger point injection (TPI) codes (20552-20553) into sacroiliac (SI) joint injections (27096), although you can append modifier -59 (Distinct procedural service) to separate the two codes if the injections are unrelated.

If you administer a TPI into a patient's trapezius muscle for myofascial pain and an SI injection for SI joint pain, you should report 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid) with 724.6 (Disorders of sacrum), and 20552-59 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]) with 729.1 (Myalgia and myo-sitis, unspecified).

