

Outpatient Facility Coding Alert

Neurology News: Don't Miss This 3 Step Heads Up for Headache-Related Nerve Blocks

Harness occipital and trigeminal nerve blocks with 64400 and 64405

If you code for bilateral occipital or trigeminal nerve blocks as a headache-relief service to your patients, there are a few landmines to sidestep to ensure proper coding and reimbursement. Read on to know what doctors and coders are doing to bring relief to patients and payment to the practice.

Step 1: Know the Block's Purpose and Location

For bilateral occipital or trigeminal nerve blocks, you'll be using codes 64405 (Injection, anesthetic agent; greater occipital nerve) or 64400 (Injection, anesthetic agent; trigeminal nerve, any division or branch).

Occipital: The greater occipital nerve originates from the C2 spinal nerve and provides sensory innervation to the posterior area of the scalp extending to the top of the head. Physicians typically inject the greater occipital nerve (GON) just above the base of the skull for occipital or cervicogenic headaches or neck pain.

"We usually report the code [64405] for occipital nerve block in patients with a condition known as occipital neuralgia," says **Wayne Sida, MD**, a neurologist in Greenwood, SC. This is a painful condition that produces an aching, burning, or throbbing type of pain, tingling, and sometimes numbness on the back of the head -- in the distribution of the greater occipital nerve.

A nerve block can be either diagnostic, therapeutic, or both, Sida says. Physicians also have used occipital nerve blocks to treat certain types of headache including cluster headaches.

Trigeminal: In contrast, the trigeminal nerve -- also known as cranial nerve V or the fifth cranial nerve -- provides sensory innervation to most of the face. The "trigeminal" name is derived from the fact that the cranial nerve has three major divisions or branches. The ophthalmic nerve, or V1 division, primarily provides sensory innervation to the forehead and eye area. The maxillary nerve, or V2 division, provides sensory innervation to the upper jaw area from below the eye to the upper lip. The mandibular nerve, or V3 division, provides both sensory and motor innervation to the lower jaw area of the face.

Trigeminal injections can be performed at any of the three divisions or branches of the divisions and can be used for cluster, tension, or migraine-headaches or atypical facial pain, says **Debbie Farmer, CPC ACS-AN**.

Providers may use different terms than "trigeminal" when noting the branch being injected, which could confuse coders, Farmer says; she recommends coders use an anatomy book to help. Use 64400 for injections to any of the three divisions or more distal branches including the supraorbital, the infraorbital, and the auriculotemporal nerve.

The trigeminal nerve block is used much less frequently than the occipital, Sida says. "I have used this code for patients who had herpes zoster (shingles) on the face and developed post-herpetic neuralgia," he adds. Trigeminal neuralgia (also known as tic douloureux) might also be a diagnosis for this code.

Step 2: Review Payer Rules

Some insurance companies consider 64405 experimental or investigational and therefore could deny it, Farmer points out. You should review coverage determinations from individual payers prior to the injection for appropriate medical necessity-supporting diagnosis codes, as well as limitation and bundling edits.

Preauthorization is always important, but knowing the insurer's policies and limitations will help prevent denials and get your neurologist paid for the services he provides.

Keep up with CMS: "Modifier 59 (Distinct procedural service) should not be necessary when using the codes together according to the Correct Coding Initiative, but not all carriers follow these guidelines," Farmer notes.

Remember that modifier 50 (Bilateral procedure) is an acceptable option to add to 64400 and 64405. Most Medicare contractors request providers to report bilateral services as one line item with the 50 modifier appended and one unit of service, such as 64405-50 x 1.

Remember that if the procedure is bilateral, Medicare will process the service at 150 percent of the allowed amount, which means you will get reimbursed 100 percent for the first injection and 50 percent for the second contralateral one.

Heads up: For Medicare, providers should use modifier 50 for either of the two injection codes, not RT (Right side) and LT (Left side). Some non-Medicare payers require providers to report bilateral services as two line items -- one with the RT modifier and 1 unit of service and the second line item with the LT modifier and 1 unit of service.

Step 3: Choose the Correct Diagnosis

Choosing the correct diagnosis code is key to your claim's accuracy and success.

Example: If your neurologist documents "occipital neuralgia," the ICD-9 alphabetic index directs you to the musculoskeletal system chapter rather than the nervous system chapter, and you would report 723.8 (Other syndromes affecting cervical region). Occipital neuralgia is a persistent neuropathic type pain caused by an injury or irritation to the occipital nerve. If your neurologist provides you "occipital headache" as the diagnosis, there isn't a specific listing for occipital under "headache" in the ICD-9 alphabetic index, so you would use the diagnosis code 784.0 (Headache) from the "Symptoms, Signs, and Ill-Defined Conditions" chapter. This diagnosis will shift to either G44.1 (Vascular headache, not elsewhere classified) or R51 (Headache) in ICD-10.

Resource: There are several headache codes you might encounter when reporting occipital or trigeminal nerve blocks. To get your copy of a chart outlining your options, email Editor Soumi Duttgupta at soumid@codinginstitute.com.