

## Pain Management Coding Alert

### CPT® 2020: Several Injection Groups Shot Through With Changes

#### CPT® also deletes muscle testing codes.

CPT® announced its official list of codes for 2020, and PM coders will have quite a few injection code additions, deletions, and revisions to learn before the January 1 implementation date.

Also, there are some changes to how you'll report manual muscle testing.

Check out these CPT® 2020 changes, and be sure to apply the new, revised and deleted codes on January 1, 2020 to stay compliant.

#### 'Needle' Codes Get Small Dose of Changes

There will be four new "needle" codes in CPT® 2020 that might be used by coders, says **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, with Coder on Call, Inc., in Milltown, New Jersey. The first two codes are:

- 20560 (Needle insertion(s) without injection(s); 1 or 2 muscle(s))
- 20561 (Needle insertion(s) without injection(s); 3 or more muscles).

Prior to 2020, you would have used 20999 (Unlisted procedure, musculoskeletal system, general) to report these shots. CPT® 2020 will allow you to much more accurately represent these shots with the aforementioned pair of codes.

The other two new "needle" codes are:

- 64451 (Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography))
- 64454 (Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed).

Prior to 2020, you would have used 64450 (Injection, anesthetic agent; other peripheral nerve or branch) to report these injections, Stout says.

The new, more specific "needle" codes have attracted the interest of coders like **Cathy Satkus, CPC**, at Harvard Family Physicians in Tulsa, Oklahoma, who says she is interested how these new codes will work in the real world.

There's also a set of new neurolytic agent destruction codes; in 2020, you can add these arrows to your coding quiver:

- 64624 (Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed)
- 64625 (Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)).

#### Steroids Now Included in These Code Descriptors

The CPT® 2020 revised codes PM providers will want to note involve the 64400 (Injection, anesthetic agent; trigeminal nerve, any division or branch) through 64450 (...other peripheral nerve or branch). The revisions to these codes include some new anatomical language, and will expand the descriptors to specifically include steroids. Previously, the code descriptors only mentioned anesthetic agents. Check out this sampling of revised codes from the code set that PM coders will want to pay particular attention to (revisions in **bold**):

- 64400 (Injection(s), anesthetic agent(s) **and/or steroid**; trigeminal nerve, **each branch (ie, ophthalmic, maxillary, mandibular)**)
- 64405 (Injection(s), anesthetic agent(s) **and/or steroid**; greater occipital nerve)
- 64408 (Injection(s), anesthetic agent(s) **and/or steroid**; vagus nerve)
- 64417 (Injection(s), anesthetic agent(s) **and/or steroid**; axillary nerve)
- 64420 (Injection(s), anesthetic agent(s) **and/or steroid**; intercostal nerve, single **level**)
- 64445 (Injection(s), anesthetic agent(s) **and/or steroid**; sciatic nerve)
- 64446 (Injection(s), anesthetic agent(s) **and/or steroid**; sciatic nerve, continuous infusion by catheter (including catheter placement))
- 64450 (Injection(s), anesthetic agent(s) **and/or steroid**; other peripheral nerve or branch).

**Note:** This is not a complete list of revisions - just a sampling. CPT® reworked all of the codes in the 64400 through 64450 code set.

### Deleted

Speaking of the 64400 through 64450 code set, CPT® was also active in deleting some of the codes. Beginning on January 1, the following codes are invalid:

- 64402 (Injection, anesthetic agent; facial nerve)
- 64410 (Injection, anesthetic agent; phrenic nerve)
- 64413 (Injection, anesthetic agent; cervical plexus).

**Muscle testing makeover:** A quartet of codes your provider might use for manual muscle testing are also getting the axe in 2020. Starting January 1, you will no longer be able to report the following codes:

- 95831 (Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk)
- 95832 (Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side)
- 95833 (Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands)
- 95834 (Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands).

**Best bet:** If you get a claim with services described in one of the deleted 2020 codes, be sure to check with the payer to see how you should report the service from now on.