

Pain Management Coding Alert

CPT® Update: Here's Your Rundown on the Latest CPT® Code Changes for 2016

Pay attention to how you'll report paravertebral facet blocks.

ICD-10 implementation is on every coder's mind, but don't forget about another important round of changes you need to prepare for: CPT® updates for 2016. Early information from the American Medical Association (AMA) includes details on additions, revisions, and deletions that pain management practices will need to implement in January — including new codes for your toolbox.

Prepare for More Paravertebral Block Options

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, says 95971, which also does not have a time requirement," says **Marvel J. Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co.

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).

Stay tuned to Pain Management Coding Alert for more updates and insights as the codes become effective.