

Pain Management Coding Alert

CPT® Update: Prepare Now for Significant Shifts to Some Injection Codes in 2016

Big changes will come for epidurals, paravertebral facet nerve destruction.

The way you report epidural injections and paravertebral facet nerve destruction in 2016 will be very different from your current claims, if information from the CPT® Editorial Panel holds true. Read on for the latest scoop.

Watch for New and Revised Epidural Code Choices

According to published notes from the Panel's latest meeting in May, 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).

Descriptors for the new codes also have not yet been released. The meeting notes list them as 623XX6, 623XX8, 623X10, 623X12.

Remember: Codes that contain an 'X' (e.g., 1002X4, 234X2X, 0301XT) are placeholder codes that are intended, through the first three digits, to give readers an idea of the proposed placement in the code set of the potential code changes. These codes are not used for claims reporting and will be removed and not retained when the final CPT® Datafiles are distributed on August 31 of each year. To report the services for "X" codes, you should refer to the actual codes as they appear in the CPT® Datafiles publication distributed on August 31 each year.

"Not everyone uses the Datafiles to access the new codes," points out **Kelly D. Dennis, MBA, ACS-AN, CANPC, CHCA, CPC, CPC-I**, owner of Perfect Office Solutions in Leesburg, Fla. "Of course, the changes will also be published in the 2016 CPT® book."

Follow the Instructions for Paravertebral Facet Nerve Injections

The Panel also accepted a proposed revision to the instructions to paravertebral facet joint nerve destruction codes to clarify the appropriate reporting. The affected codes are:

- 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).

Current guidelines for these codes direct you to report bilateral procedures with modifier 50 (Bilateral procedure). Each code also includes a note regarding procedures you may or may not report together. For example, you should not report 64633-64636 in conjunction with 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) or 77012 (Computed tomography guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], radiological supervision and interpretation). The updated instructions will be released in the fall.

Proposed changes to sphenopalatine ganglion sympathetic nerve block (64505, Injection, anesthetic agent; sphenopalatine ganglion) and hypoglossal nerve stimulator procedures (64868, Anastomosis; facial-hypoglossal) were withdrawn from the Panel's consideration.