

Pain Management Coding Alert

Reader Question: Check Whether Breaking the 64493/01992 Edit for Separate Providers Is Legit

Question: Our pain management physician administered an injection (64493) and the CRNA provided anesthesia (01992). We filed the claims separately, but the CRNA's was filed under the physician's ID number. We included modifier QZ on the claims. The payer denied the claim on the basis that 01992 is incidental to 64493 per CCI edits and can't be broken with a modifier. Can we appeal the denial?

Minnesota Subscriber

Answer: The Correct Coding Initiative (CCI) edits and whether you can or cannot break a bundle and report both codes are based on the assumption that the same provider is completing both procedures. Although you have two providers providing the services, they're filing under the same ID number (or NPI). That shared NPI probably is why the payer denied the claim.

You can try resubmitting the claims as 01992 (Anesthesia for diagnostic or therapeutic nerve blocks and injections [when block or injection is performed by a different physician or other qualified health care professional]; prone position) for the CRNA and 64493 (Injection[s], diagnostic or therapeutic agent, paravertebral facet [zygapophyseal] joint [or nerves innervating that joint] with image guidance [fluoroscopy or CT], lumbar or sacral; single level) for the physician. Be sure to report the anesthesia service under the CRNA's name and NPI.