

Pain Management Coding Alert

You Be the Coder: Correct Way to Report a Unilateral GON Block

Question: My pain management physician administered a block to the left greater occipital nerve (GON). How do I code this?

Washington Subscriber

Answer: Your best option is to report 64405 (Injection, anesthetic agent; greater occipital nerve) and modifier LT (Left side) for a unilateral greater occipital nerve (GON) block.

Background: Neurologists or pain management specialists often use occipital nerve blocks for patients with 723.8 (Occipital neuralgia). This condition produces an aching, burning, or throbbing pain, or a tingling or numbness, along the back of the head. The GON originates from the C2 spinal nerve and provides sensory innervation to the back of the scalp extending to the top of the head. Your neurologist will typically inject the GON just above the base of the skull for occipital or cervicogenic headaches or neck pain.

Tip: You'll find it helpful to note that GON blocks are different from facial nerve blocks, which you report with 64402 (Injection, anesthetic agent; facial nerve). Facial nerve blocks are often administered just in front of the ear.

Your physician should clearly indicate the injection location in his documentation. In fact, some providers include in their documentation a small illustration that can be marked with the various injection sites. You can then ensure that you're choosing the correct nerve block code each time.

Remember: Some payers do not allow coverage for GON injections. For example, United Healthcare's policy on Occipital Neuralgia and Cervicogenic, Cluster and Migraine Headaches states, "Injection of local anesthetics and/or steroids, used as occipital nerve blocks, is unproven for the diagnosis and treatment of occipital neuralgia or headaches including migraine and cervicogenic headaches."