

Pain Management Coding Alert

You Be the Coder: The Correct Way to Bill More Paravertebral Joint Injections

Question: Our physician administers injections into paravertebral facet joints. The injections are given into the nerves at the L1, L2, L3, L4, and L5 vertebral levels. Are we correct if we report add-on codes +64494 and +64495 with 64493?

Nebraska Subscriber

Answer: For paravertebral facet joint injections, you can bill add-on codes if your physician's documentation supports the services. For injections of the nerves for the L1-L2 facet joint level, you submit the primary code 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). You then add +64494 (...second level [List separately in addition to code for primary procedure]) for the nerve injections for the second L2-L3 facet joint level. Further, you report add-on code +64495 (...third and any additional level[s] [List separately in addition to code for primary procedure]). Note that you report only one unit of service for the last two facet joint levels (L3-L4 and L4-L5). It is important to note that the code descriptor for the 64495 add-on code specifies "third and any additional level[s]."