

ERRATA for *Pain Management Coding Reference* 2017 Edition

Text deletions are ~~crossed out~~. New text is **blue and bolded**. Ordered by appearance in text.

Page 21, Bullet at Top

- Procedures identified by their terminology as unilateral or bilateral (**e.g., 0422T - Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral**). There are currently no codes used in interventional radiology that have this terminology.

Page 70, Code Table

20526	77002 Bundled	76942	77012	77021
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Page 71, Code Table

64510	77003 Bundled	76942	77012	77021
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Page 72, Code Table

64517	77003 77002	76942	77012	77021
64520	77003 Bundled	76942	77012	77021

Page 75, Coding Instructions

- Each **procedure** code includes the addition of a steroid to the anesthetic injection, when performed. **Do not** report additional **procedure** codes for the addition of a steroid.

Page 76, Coding Instructions

- It is not expected that more than two **distinct** anatomic sites will be injected at any one session.

Page 78, Coding Instructions

- Each **procedure** code includes the addition of a steroid to the anesthetic injection, when performed. **Do not** report additional **procedure** codes for the addition of a steroid.

Page 80, Coding Instructions

- The bilateral concept does not apply to code 64420. Do not append a -50, -RT, or -LT modifier to code 64420. If more than one intercostal nerve is injected, report code 64421.** Codes 64420 and **Code 64421 is** are unilateral. Append a -50 modifier if intercostal nerves are injected bilaterally.

Pages 83-84, Example(s)

1) Patient with endometrial cancer. The infraumbilical anterior abdomen is prepped and draped in the usual sterile fashion. The L5 vertebral body is identified on initial scout view. Under fluoroscopic guidance (**77003**) (~~77002~~), a 22 gauge Chiba needle is inserted through the anterior abdominal wall to the anterior aspect of the L5 vertebral body. Contrast is injected through the needle (bundled) to confirm positioning under direct fluoroscopic guidance. These images reveal appropriate spread of contrast material with no evidence of intravascular extension. Aspiration is performed to further confirm no vascular extension. With positioning thus confirmed, a mixture of 100 mg Kenalog and 20 cc 0.25% bupivacaine is injected through the needle (64517) for a superior hypogastric nerve block. Intermittent aspiration is performed to further confirm the lack of

vascular claudication. The needle is removed at the conclusion of the procedure.

Page 90, Coding Instructions

3. The AMA recommends reporting code 64520 per level of the spine injected; however, CMS has assigned an MUE of 1 to this code, preventing it from being billed more than once. **This MUE can be appealed when more than one level is injected. Include the CPT Assistant December 2010 article on page 14 with the appeal.** Other payers may not have the same restriction in place.

Page 91, References

CPT Assistant, Dec 10:14

Page 126, Coding Instructions

2. **Do not** report diagnostic or therapeutic injections **injection procedure codes describing injection** of steroids or anesthetics separately with nerve destruction of the same nerve(s).

Page 127, Coding Instructions

10. **Do not** report code 64605 for radiofrequency gangliolysis (RFG) of the sphenopalatine ganglion. Use unlisted code 64999 instead. According to the AMA, code 64605 is for injection, not radiofrequency.
11. **Do not** report code 77002 (fluoroscopic guidance) separately with code 64605 or 64610. It is, however, separately reportable with code 64600. There are no NCCI edits involving other forms of imaging guidance. **Report code 77003 (fluoroscopic guidance) separately with code 64610. Report code 77002 (fluoroscopic guidance) separately with codes 64600 and 64605.**

Page 129, Coding Instructions

7. Report code 64640 for radiofrequency denervation of the dorsal primary ramus.

7. **8.** When radiofrequency is applied to the lateral sacral nerve branches via a single percutaneous entry site using a catheter with multiple electrodes on it to treat multiple joints (e.g., using Simplicity III™ radiofrequency probe), **do not** report code 64640. Report unlisted code 64999 instead.
11. **Do not** report code 77002 (fluoroscopic guidance) separately with codes 64620, **64630, 64632, 64640**, 64880, and 64681. It is, however, separately reportable with codes 64630, 64632, and 64640. There are no NCCI edits involving other forms of imaging guidance.

Page 134, Coding Instructions

6. Report code 64635 for radiofrequency denervation of the dorsal primary ramus.

9. **Do not** report codes 64635 and 64636 for neurolytic nerve destruction of the peripheral nerves at the L5, S1, S2, and S3 levels. Use code 64640 instead.

Page 150, Coding Instructions

5. Code 63661 is reported when a permanent electrode is removed but not replaced via the same access site.

7. **6.** An electrode array contains at least four electrodes. The codes for implantation are for the entire array. **Do not** code per electrode on the array.
9. If the electrode array used for the trial is removed and replaced via the same approach when converting to a permanent neurostimulator, the removal of the trial electrode is included in the placement of the permanent electrode. **The removal of the trial electrode array is included in the implantation procedure and not reported separately.**

Removal of an electrode array attached to an implanted generator is not subject to the same bundling, but may be included in a code for replacement of the array.

10. If the electrode array used for the trial is removed by a different approach than used for placement of the permanent electrode array (e.g., trial electrode removed percutaneously and permanent electrode implanted via an open approach), the removal of the trial electrode is still included in the placement of the percutaneous electrode.

Page 166, Coding Instructions

2. Fluoroscopic guidance for the initial electrode array placement may be reported separately with **is included in** code 63650 **and is not reported separately**.

Page 167, Example(s)

1) Patient with intractable lower back and left leg pain for seven months that did not respond to conservative treatment. Patient has had a successful trial of a spinal cord neurostimulator and returns for implantation of a permanent device. The patient is placed prone on the table. The lower back is prepped and draped in the usual manner. Local anesthetic is injected in the skin overlying the L3-L4 level of the spine where the temporary electrode exits the spine. The temporary electrode wire is disconnected from the external generator and removed from the body (included in subsequent percutaneous placement of new electrode array). An epidural needle is inserted at the site of the temporary electrode array removal at the L3-L4 level and advanced into the epidural space. Aspiration of spinal fluid confirms appropriate positioning of the needle. The permanent electrode wire is inserted through the needle and advanced using fluoroscopic guidance (~~77003~~) (**bundled**) to the site where the temporary array was previously positioned (63650). Attention is turned to the right upper buttock. Local anesthetic is injected into the skin and underlying tissue. A small incision is made and carried down into the fascia. A pocket is created to accommodate the permanent generator. An extension wire is attached to the electrode wire, and the wires are tunneled under the skin to the newly created pocket. The pulse generator is brought into the surgical field, and the extension wire is connected to the generator. The generator is placed in the pocket and secured to the fascia (63685). The pocket is copiously irrigated with antibiotic solution and closed. A dressing is applied.

Page 167, References

CPT Assistant, Apr 11:10-11&14, Oct 13:19, **Jan 16:12**

Page 181, Coding Instructions

3. **Do not** report code 95970 (**analysis without reprogramming**) for intraoperative electronic analysis at the time of neurostimulator **generator** implantation, as programming is always required at the time of initial implant. Code 95970 is only reported for **subsequent analysis of a previously implanted simple or complex neurostimulator** without reprogramming.
4. **Do not report programming or reprogramming of a neurostimulator generator when it is used for the initial trial. Codes 95970-95979 are restricted to implanted neurostimulator generators.**
5. **Codes 95971-95979 are reported for programming a neurostimulator generator at time of implant or during a subsequent encounter.**
3. **6.** The codes for electronic analysis with programming or reprogramming of spinal and peripheral neurostimulator pulse generators are differentiated as simple or complex by the number of generator parameters that are changed. The parameter must be actually changed to count towards the complexity of the analysis and programming.

Page 187, Coding Instructions

17. Many Medicare Carriers require the use of J7999-KD for compounded medications.

Page 190, Coding Instructions

10. Many Medicare Carriers require the use of J7999-KD for compounded medications.

10: 11. The medical record for the initial infusion must contain the diagnosis, why other therapies failed, a record or the response of the patient to temporary infusion, and the reason the pump was implanted.

Page 193, Coding Instructions

12. Many Medicare Carriers require the use of J7999-KD for compounded medications.

12: 13. Some payers recommend that modifier -EJ, *Subsequent claims for a defined course of therapy, e.g., epo, sodium hyaluronate, infliximab*, be appended to the infusion drug code(s) for physician payment. The presence of an -EJ modifier alerts the Contractor that not all of the original intake information used to establish the initial medical necessity of the infusion pump therapy may have been included in the progress note of the current subsequent service.

Page 197, Code Table

Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	J7328
Compounded drug, not otherwise classified	J7999

Page 197, Coding Instructions

8. Many Medicare Carriers require the use of J7999-KD for compounded medications.

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Page 221, Charge Sheet

The following code description has been revised:

Transforaminal epidural cervical/thoracic injection, each addtl level with ultrasound guidance	☆0229T
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Page 222, Charge Sheet

The following procedure codes have the incorrect S&I codes listed with them (codes that are listed correctly in the book have been omitted; only the codes with corrections have been included below):

SPINAL PROCEDURES			
Procedure	RVU	Correct S&I	Incorrect S&I
64400	2.05		☆77003
64402	2.32		☆77003
64405	1.81		☆77003
64408	2.49		☆77003
64410	2.17		☆77003
64413	2.33		☆77003
64415	1.86		☆77003
64416	2.26		☆77003
64417	2.01		☆77003

64418	2.19		☆77003
64420	1.94		☆77003
64421	2.63		☆77003
64425	2.68		☆77003
64430	2.33		☆77003
64435	2.38		☆77003
64445	2.07		☆77003
64446	2.26		☆77003
64447	1.90		☆77003
64448	2.04		☆77003
64449	2.40		☆77003
64450	1.30		☆77003
64505	2.52	☆77002	☆77003
64508	2.06	☆77002	☆77003
64510	2.10	☆77003	
64520	2.32	☆77003	

DESTRUCTION BY NEUROLYTIC AGENT			
Procedure	RVU	Correct S&I	Incorrect S&I
64600	6.34	☆77002	☆77003
64605	9.96	☆77002	☆77003
64620	4.91		☆77003
64630	5.50		☆77003
64632	1.97		☆77003
64640	2.66		☆77003
64612	3.35		☆77003
64615	3.62		☆77003