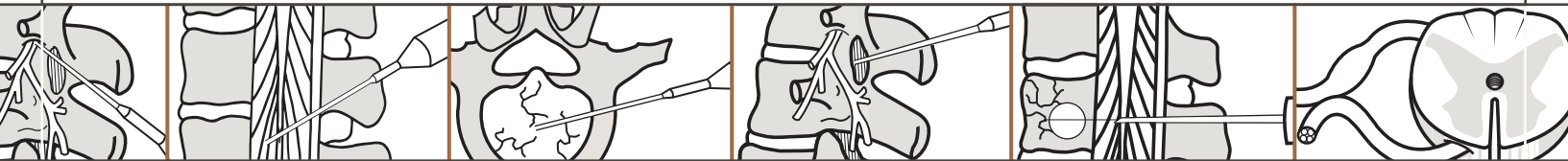


Dr. Z's Medical Coding Series

# Pain Management Coding Reference

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By Jeffery S. Majchrzak,  
BA, CIRCC, RCC  
& David R. Zielske, MD, CIRCC,  
CCVTC, COC, CCC, CCS, RCC

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Seventh Edition

# Table of Contents

<b>HOW TO USE THIS BOOK .....</b>	<b>1</b>
<b>CHAPTER 1: INTRODUCTION.....</b>	<b>3</b>
<b>CHAPTER 2: CODING BASICS.....</b>	<b>7</b>
<b>CHAPTER 3: PHYSICIAN PAYMENT BASICS .....</b>	<b>47</b>
<b>CHAPTER 4: HOSPITAL OUTPATIENT PROSPECTIVE PAYMENT SYSTEM .....</b>	<b>53</b>
<b>CHAPTER 5: NERVOUS SYSTEM ANATOMY AND PHYSIOLOGY.....</b>	<b>61</b>
<b>CHAPTER 6: NERVE BLOCKS .....</b>	<b>73</b>
IMAGING GUIDANCE .....	73
EXTRACRANIAL AND SPINAL NERVE BLOCKS.....	77
PERIPHERAL NERVE BLOCKS .....	82
<i>Nerve Blocks Above the Diaphragm.....</i>	<i>84</i>
<i>Abdominal and Pelvic Nerve Blocks .....</i>	<i>86</i>
<i>Upper Extremity Nerve Blocks .....</i>	<i>89</i>
<i>Lower Extremity Nerve Blocks .....</i>	<i>91</i>
PARASPINAL NERVE BLOCKS.....	94
PARAVERTEBRAL FACET JOINT INJECTIONS .....	97
EPIDURAL/SUBARACHNOID INJECTIONS.....	101
TRIGGER POINT AND TENDON SHEATH INJECTIONS .....	105
JOINT AND CARPAL TUNNEL INJECTIONS.....	109
ARTHROGRAPHY .....	112
<b>CHAPTER 7: SPINE AND SPINAL CORD PROCEDURES.....</b>	<b>115</b>
PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS .....	115
PERCUTANEOUS ASPIRATION AND BIOPSY .....	117
LUMBAR PUNCTURE FOR ASPIRATION .....	121
BLOOD PATCH.....	123
CHEMONUCLEOLYSIS.....	124
DISCOGRAPHY AND DISC DECOMPRESSION .....	125
PERCUTANEOUS LAMINOTOMY/LAMINECTOMY FOR DECOMPRESSION OF NEURAL ELEMENTS .....	128
MYELOGRAPHY .....	130
<b>CHAPTER 8: NERVE DESTRUCTION AND CHEMODENERVATION .....</b>	<b>133</b>
NERVE DESTRUCTION OVERVIEW.....	133
<i>Extracranial Nerve Destruction .....</i>	<i>134</i>
<i>Peripheral Nerve Destruction .....</i>	<i>136</i>
<i>Spinal Nerve Destruction .....</i>	<i>140</i>
<i>Facet Joint Nerve Destruction.....</i>	<i>142</i>
CHEMODENERVATION OVERVIEW .....	145
<i>Head and Neck Chemodenervation.....</i>	<i>148</i>
<i>Extremity Chemodenervation .....</i>	<i>151</i>
<i>Trunk Muscle Chemodenervation.....</i>	<i>153</i>
<i>Eccrine Glands Chemodenervation.....</i>	<i>154</i>
<i>Other Chemodenervation .....</i>	<i>156</i>

<b>CHAPTER 9: IMPLANTABLE NEUROSTIMULATORS.....</b>	<b>159</b>
OVERVIEW .....	159
PERCUTANEOUS VAGUS NERVE NEUROSTIMULATION .....	162
LAPAROSCOPIC VAGUS NERVE NEUROSTIMULATION FOR OBESITY .....	164
PHRENIC NERVE NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA .....	165
HYPOGLOSSAL NERVE NEUROSTIMULATOR FOR TREATMENT OF OBSTRUCTIVE SLEEP APNEA .....	168
DEEP BRAIN NEUROSTIMULATION .....	170
SPINAL CORD NEUROSTIMULATOR .....	173
SACRAL NERVE NEUROSTIMULATOR.....	176
GASTRIC NEUROSTIMULATION .....	178
POSTERIOR TIBIAL NERVE NEUROSTIMULATION.....	181
OTHER PERIPHERAL NERVE NEUROSTIMULATION .....	183
TRANSCUTANEOUS NEUROSTIMULATION AND TRANSCUTANEOUS MAGNETIC STIMULATION.....	186
NEUROMUSCULAR NEUROSTIMULATORS .....	189
PERIPHERAL FIELD STIMULATION (SUBCUTANEOUS) NEUROSTIMULATORS.....	191
ANALYSIS AND PROGRAMMING OF NEUROSTIMULATORS.....	192
<b>CHAPTER 10: IMPLANTABLE PUMPS FOR INTRATHECAL AND EPIDURAL DRUG DELIVERY.....</b>	<b>195</b>
OVERVIEW .....	195
SPINAL PUMP TRIAL .....	196
SPINAL PUMP IMPLANTATION.....	199
DRUG DELIVERY PUMP MAINTENANCE .....	202
<b>CHAPTER 11: DRUG CODES .....</b>	<b>205</b>
<b>APPENDIX A - HCPCS CODES FOR SUPPLIES AND EQUIPMENT .....</b>	<b>209</b>
<b>APPENDIX B - IMPORTANT LINKS .....</b>	<b>211</b>
<b>APPENDIX C - EXCERPTS - NCCI POLICY MANUAL.....</b>	<b>213</b>
<b>APPENDIX D - CHARGE SHEETS.....</b>	<b>239</b>
<b>CODE INDEX .....</b>	<b>243</b>

# Pain

## Nervous System Anatomy and Physiology

# Book

The nervous system consists of the brain, spinal cord, sensory organs, and all of the nerves that connect these organs with the rest of the body. Together, these organs are responsible for the control of the body and communication among its parts. The brain and spinal cord make up the central nervous system, which controls the actions of all cranial and peripheral nerves. The peripheral nervous system includes somatic (sensory and motor) and autonomic nerves.

The nervous system has three main functions: sensory, integration, and motor. The sensory system of nerves carries information back to the central nervous system from remote sites where stimulation by internal and external occurrences. For example, when a toe is stubbed, a signal is sent to the brain that an injury has occurred. The integration function of the nervous system is the processing of the stimuli received and determination of the reaction. The motor function is the process of the central nervous system sending a signal to the remote site of how to react. This signal determines the response. It could be as simple as sending a pain signal resulting in verbally saying “ouch” to a friend. A severe pain signal resulting in not being able to walk on what foot.

### CENTRAL NERVOUS SYSTEM

The central nervous system (CNS) consists of the brain and spinal cord. The brain controls bodily functions, including awareness, movements, sensations, thought, speech, and memory. The spinal cord can control reflex movements without the brain's involvement, but the brain controls most functions.

The spinal cord is the continuation of the brainstem distally. Cranial nerves exit the brain through the brainstem, while peripheral nerves exit the spinal cord bilaterally as nerve roots to carry signals back and forth between the brain and the periphery.

# Nerve Blocks Above the Diaphragm

## PROCEDURE:

An intercostal nerve block is an injection of a steroid or other medication around the intercostal nerves that are located under each rib.

## CODES:

PROCEDURE DESCRIPTION	PROC CODE	APC	WORK RVU
Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	64420	5442	1.08
Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	☆64421	5443	0.50
Unlisted procedure, nervous system	64999	5441	0.00

☆Add-on Code



## CODING INSTRUCTIONS:

- Report code 64420 for an initial or single injection of an intercostal nerve.
- Report code 64421 for each additional level injected.
- If a single injection blocks several nerves, it is still reported as a single injection with code 64420.
- While rare, if a single needle is placed and manipulated to different sites for injection, the additional intercostal nerves treated are reported with code 64421.
- The bilateral concept applies to codes 64420 and 64421. Append a -50, -RT, or -LT modifier to the initial code when intercostal nerves are injected bilaterally on each side. CPT guideline state that modifier -50 should not be applied to add-on codes. Consult local payer guidelines when billing add-on codes bilaterally.
- Report unlisted code 64999 for injection of painful scar tissue following a mastectomy.

## EXAMPLE(S):

1) Patient with intercostal neuralgia due to fractured ribs on the right side. The patient is transferred to the procedure room and placed in the prone position, then sterilely prepped with alcohol followed by ChlorPrep. Sterile towels are used for draping. Under fluoroscopic guidance (77002), three levels of ribs are identified on the right side (ribs #9, #10, and #11). Lidocaine 1% is used for infiltration of skin and subcutaneous tissue above each one of the three rib levels on the right side, and then a 22 gauge 3.5 inch spinal needle is advanced approximately 1 inch from the midline in a manner where the tip of the needle would be directed to the infracostal groove under fluoroscopic guidance. Aspiration is negative for CSF, negative for blood, and negative for air. Contrast is then injected with great spread of the dye in the the infracostal groove. Aspiration is still negative for CFS and blood. 3 mL of solution is injected per each level; total amount is 60 mg Depo-Medrol and 10 mL

0.5% Marcaine (64420-RT, 64421-RT x 2).

**REFERENCES:**

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Centers for Medicare and Medicaid Services, Medically Unlikely Edits (MUEs)

CPT Assistant, Sep 10:10, Nov 10:9, Jun 15:3

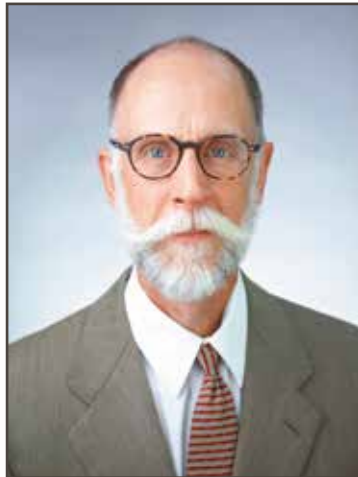
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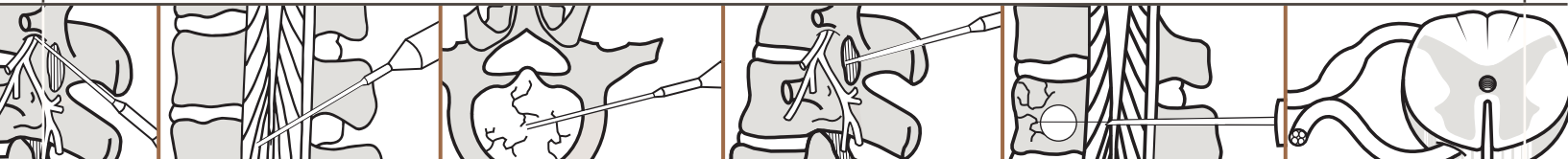
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Jeffery Majchrzak



Code more accurately  
Avoid coding compliance problems  
Ensure proper reimbursement