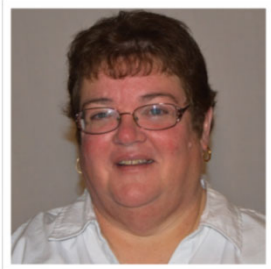


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Welcome to PMI's Webinar Presentation:



Lynn Anderanin CPC,  
CPB, CPMA, CPC-I,  
CPPM, COSC

## **Coding and Billing for Pain Management**



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# Coding and Billing for Pain Management

Developed and presented by  
Lynn M. Anderanin, CPC, CPB, CPC-I,  
CPMA, CPPM, COSC

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## Spine Pain

M54.5 Low back- DELETED for 2022

M54.50 Low back pain, unspecified

M54.51 Vertebrogenic low back pain

M54.59 Other low back pain

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## Pain- ICD-10-CM

Chapter 6.b.1.(a) Category G89 Codes as Principal or First-Listed Diagnosis Category G89 codes are acceptable as principal diagnosis or the first-listed code:

- When pain control or pain management is the reason for the admission/encounter (e.g., a patient with displaced intervertebral disc, nerve impingement and severe back pain presents for injection of steroid into the spinal canal). The underlying cause of the pain should be reported as an additional diagnosis, if known.
- When a patient is admitted for the insertion of a neurostimulator for pain control, assign the appropriate pain code as the principal or first-listed diagnosis. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as a secondary diagnosis.

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## Spinal Level Identity

- 0- multiple sites
- 1- occipito-atlanto-axial
- 2- cervical
- 3- cervicothoracic
- 4- thoracic
- 5- thoracolumbar
- 6- lumbar
- 7- lumbosacral
- 8- Sacral and sacrococcygeal
- 9- multiple sites

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## Spondylosis

- M47.01- Anterior spinal artery compression syndrome (1-6)
- M47.02- Vertebral artery compression syndrome (1-2)
- M47.1- Other spondylosis with myelopathy (1-6)
- M47.2- Other spondylosis with radiculopathy (1-8)
- M47.81- Other spondylosis without myelopathy or radiculopathy (1-8)
- M47.89- Other spondylosis (1-8)

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## Radiculopathy

M54.1- (0-8)

Example: Pt returns having undergone  
epidural injection for left S1  
radiculopathy

➤ ICD-10 M54.18 Radiculopathy sacral  
region

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## The First Visit

Patient is seen in the office for back pain  
(99202-99215, 99241-99245)

- History, examination, medical decision making
- X-rays
- Prescription(s)
- Order additional test(s)- MRI
- Order physical therapy

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## Cervical/Thoracic X-rays

- 72020- spine, single view, specify level
- 72040- spine, cervical, 2 or 3 views
  - 72050 - 4 or 5 views
  - 72052- 6 or more views
- 72070- spine, thoracic, 2 views
  - 72072- 3 views
  - 72074- minimum of 4 views

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## Lumbar/Lumbosacral X-rays

72080- Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

72081- Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

72082- 2 to 3 views

72083- 4-5 views

72084- minimum of 6 views

72100- Radiologic examination, spine, lumbosacral; 2 or 3 views

72110- minimum of 4 views

72114- complete, including bending views, a minimum of 6 views

72120- bending views only, 2-3 views

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## Spine MRI

72141- Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material

72142- with contrast material(s)

72156- without contrast material, followed by contrast material(s) and further sequences; lumbar

72146- Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material

72147- with contrast material(s)

72157- without contrast material, followed by contrast material(s) and further sequences; thoracic

72148- Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material

72149- with contrast material(s)

72158- without contrast material, followed by contrast material(s) and further sequences; lumbar

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## Physical Therapy

Evaluation-97161-97163

Treatment- 97xxx

—4-8 weeks

—2-3 times a week

Re-evaluation- 97164

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## The Follow-up Visit(s)

- Patient seen for follow-up 99212-99215
  - Is the patient the same, better, or worse
  - Medical Decision Making- review test results
  - Check progress

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## Pain Management

- Interventional Pain Management Specialist, Orthopedic surgeon, Neurosurgeon, Anesthesiologist, Physiatrist
- Office or outpatient
- Different methods of treatment
  - Injections
  - Neurostimulator

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## Guidance

### Types

Ultrasound

Fluoroscopy

CT

MRI

Professional and technical components

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## **Sacroiliac Joint Injection**

- 27096- Anesthetic/steroid with guidance/arthrography
  - Commonly performed for sacroiliitis M46.1
  - When performed bilateral use a modifier 50

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## **Neurolytic Substance Subarachnoid and Epidural Injections**

- 62280 - Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
  - 62281 - epidural, cervical or thoracic
  - 62282 - epidural, lumbar, sacral (caudal)

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## **Interlaminar Epidural or Subarachnoid**

- 62320- Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
- 62321- with imaging guidance (i.e., fluoroscopy or CT)
- 62322- Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
- 62323- with imaging guidance (i.e., fluoroscopy or CT)

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## **Interlaminar with Catheter, Infusion, or Bolus**

- 62324- Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
- 62325- with imaging guidance (i.e., fluoroscopy or CT)
- 62326- Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
- 62327- with imaging guidance (i.e., fluoroscopy or CT)

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## Catheter Placement

62350- Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy

62351- with laminectomy

62355- removal of catheter

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## Spinal Neurostimulator

63650- Percutaneous implantation of neurostimulator electrode array, epidural

63655- Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

63661- Removal of array(s)

63662- Removal of plate/paddle(s) via laminotomy/laminectomy

63685- Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling

63688- Removal

- Outpatient services requiring prior authorization for Medicare  
<https://www.cms.gov/files/document/opd-services-require-prior-authorization.pdf>

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## Nerve Blocks

### 64400-64455-Injection of anesthetic agent

- Specific nerves
- Continuous infusion by catheter
- Can be reported bilateral, when appropriate

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## Autonomic Nerve Blocks

- 64505-64530
  - Control Body Functions
  - Specific Nerves
  - Anesthetic Agent

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## Transforaminal Epidural with Guidance

- 64479 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
  - 64480 - cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
- 64483- Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
  - 64484- each additional level

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## Paravertebral Facet with Guidance

- 64490 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
  - 64491 – cervical or thoracic, second level (List separately in addition to code for primary procedure)
  - 64492 – cervical or thoracic, third and any additional level(s) (List separately in addition to code for primary procedure)
- 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
  - 64494- second level
  - 64495- third and any additional(s) levels

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## Bilateral Injections

- Per CPT® 64490, 64493 can be reported with modifier 50. but 64491, 64492, 64494, 64495 should be billed with a quantity when performed bilaterally.
    - Example bilateral injections L3-L4, L4-L5, L5-L6
      - 64493-50, 64494x2, 64495x2
  - Per CMS all of these codes have an MUE of one which does not allow a quantity to be reported.
    - 64493-50, 64494-50, 64495-50
- Also for 64479-64484 but not 64633-64636

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## Destruction of Intraosseous Basivertebral Nerve- Intracept®

- 64628-Thermal destruction of nerve; first two vertebral bodies
  - 64629- each additional vertebral body
  - Lumbar or sacral
  - Radiofrequency for 15 minutes
  - Treats Back pain and degenerative disc disease

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## Genicular Nerve Branches

- 64624-Destruction genicular nerve branches by neurolytic agent
- 64454- Nerve block genicular nerve branches
  - Must involve the following nerves or use modifier 52
    - Superolateral
    - Superomedial
    - Inferomedial

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## Destruction by Neurolytic Agent

- 64633- Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
  - 64634- each additional facet joint (MUE of 4)
- 64635- Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
  - 64636- each additional facet joint (MUE of 4)

Includes  
Chemical   Electrical  
Thermal   Radiofrequency

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## Paravertebral Facet with Ultrasound Guidance

- 0213T - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level
  - 0214T – cervical or thoracic, second level (List separately in addition to code for primary procedure)
  - 0215T – cervical or thoracic, third and any additional level(s) (List separately in addition to code for primary procedure)

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## Paravertebral Facet with Ultrasound Guidance

- 0216T - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
  - 0217T – lumbar or sacral, second level (List separately in addition to code for primary procedure)
  - 0218T – lumbar or sacral, third and any additional level(s) (List separately in addition to code for primary procedure)

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## Criteria Used for Coverage Determination

Medical policies  
Medicare LCD's and NCD's  
MCG Guidelines  
AIM  
Availity  
Evicore  
Optum

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## Medical Necessity

Relationship with procedure or service to patient's condition

Treat a condition or injury

Perform a diagnostic test to determine a patient's problem

Perform a screening for preventative medicine

Monitor a patient's chronic condition(s)

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# What is an NCD or LCD?

National Coverage Determination  
Nationwide  
Medicare

Local Coverage Determination  
In absence of NCD  
Medicare contractors  
Geographic

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## Medicare Coverage Database



**Welcome to the MCD Search**  
Start your search below

Enter keyword, code, or document ID All States Q

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[Are you a beneficiary and need help using the MCD?](#)

Need more help? [Contact a MAC](#) for questions about claims and denials or call 1-800-MEDICARE for other questions.

### Public Comments

[See National Coverage Analyses \(NCAs\). Open for Public Comment](#)

<https://www.cms.gov/medicare-coverage-database/search.aspx>

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## Trigger Point Injections

20552- Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

20553- Injection(s); single or multiple trigger point(s), 3 or more muscles

- **First Coast A57114-** D48.1, M25.721, M25.772, M25.751, M25.752, M25.771, M25.772, M25.774, M25.775, M35.4, M46.00-M46.09, M53.82, M54.03-M54.89, M60.10, M60.111, M60.112, M60.121, M60.122, M60.131, M60.132, M60.141, M60.142, M60.151, M60.152, M60.161, M60.162, M60.171, M60.172, M60.18, M60.19, M60.80, M60.811, M60.812, M60.812, M60.821, M60.822, M60.831, M60.832, M60.841, M60.842, M60.851, M60.852, M60.861, M80.862, M60.871, M60.872, M62.211-M62.28, M62.411-M62.49, M62.830-M62.89, M65.111-M65.19, M65.311-M65.352, M65.4, M65.831-M65.89, M67.311-M67.39, M70.21-M70.72, M72.8, M75.81, M75.82, M76.01-M76.899, M77.01-M77.9, M79.11-M79.18, M79.601-M79.675, M79.7
- **NGS A52863-** M60.811-M60.9, M79.11, M79.12, M79.18, M79.7
- **WPS A56909-** M46.01-M46.09, M53.82, M60.811-M60.89, M75.81, M75.82, M76.31, M76.32, M76.811, M76.812, M77.51, M77.52, M77.9, M79.0-M79.18, M79.7
- **Noridian A57702-** M53.82-M53.88, M54.2, M54.50, M54.59, M54.6, M60.811-M60.89, M79.18, M79.7
- **Novitas A57751-** M53.82, M54.2, M54.59, M54.6, M60.80-M60.9, M75.80-M75.82, M79.11-M79.18, M79.7
- **Palmetto GBA A56745-** has no diagnoses information in their policy

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## Policy Coverage

- Review insurance policies for:
  - Accepted Diagnosis(es)
  - Frequency of treatment
  - Number of injection(s) in a session or period of time
  - Site of service

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## Commercial Carriers

Aetna/Coventry- <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>

Cigna- <https://static.cigna.com/assets/chcp/medical/resourceLibrary/coveragePolicies/index.html>

Humana- <https://www.humana.com/provider/medical-resources/claims-payments/claims-coding>

UnitedHealthcare- <https://www.uhcprovider.com/en/policies-protocols.html>

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## Aetna Back Pain Policy

Number 0016-

[http://www.aetna.com/cpb/medical/data/1\\_99/0016.html](http://www.aetna.com/cpb/medical/data/1_99/0016.html)

Only 1 invasive modality or procedure will be considered medically necessary at a time

Policy includes surgery

CPT® codes and ICD-10-CM payable codes are listed

References policy 0722 also for Transforaminal Epidural Injections

[http://www.aetna.com/cpb/medical/data/700\\_799/0722.html](http://www.aetna.com/cpb/medical/data/700_799/0722.html)

References policy 0735 for Pulsed Radiofrequency

[http://www.aetna.com/cpb/medical/data/700\\_799/0735.html](http://www.aetna.com/cpb/medical/data/700_799/0735.html)

References policy 0863 for Nerve Blocks

[http://www.aetna.com/cpb/medical/data/800\\_899/0863.html](http://www.aetna.com/cpb/medical/data/800_899/0863.html)

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## UnitedHealthcare Policies

- 2022T0107AA- Ablative Treatment for Spinal Pain  
<https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-medical-drug%2Fablative-treatment-spinal-pain.pdf>
- 2022T0616D- Epidural Steroid Injections for Spine Pain  
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/epidural-steroid-injections-spinal-pain.pdf>
- 2022T0004MM- Facet Joint Injections for Spinal Pain  
<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/facet-joint-injections-spinal-pain.pdf>
- 2022T0567U- Implanted Electrical Stimulator for Spinal Cord  
<https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-medical-drug%2Fimplanted-electrical-stimulator-spinal-cord.pdf>

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## Prior-Authorization(Pre-cert)

Receive approval for services or procedures prior to performing them.

Insurance companies have prior-authorization policies

Procedures

Services

Place of service

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## Prior Authorization Links

Aetna- <https://www.aetna.com/health-care-professionals/precertification.html>

Cigna- <https://www.cigna.com/static/www-cigna-com/docs/individuals-families/master-precertification-list-for-providers.pdf>

Humana- <https://www.humana.com/provider/medical-resources/authorizations-referrals/preauthorization-lists>

UnitedHealthcare- <https://www.uhcprovider.com/en/prior-auth-advance-notification.html>

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