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NAVIGATING CURRENT ANESTHESIA COVERAGE CHALLENGES

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# Decoding the Anatomy of Pain Management Injections

*Epidurals, biologics and emerging technologies* **BY PAUL CADORETTE**

Understanding patient anatomy is a crucial part of the coding process, especially for intricate procedures like pain management injections. Getting those codes right the first time requires comprehensive knowledge of each injection type, technique and administration site—from where a nerve lies, to how a joint is connected and to the precise path of an injection.

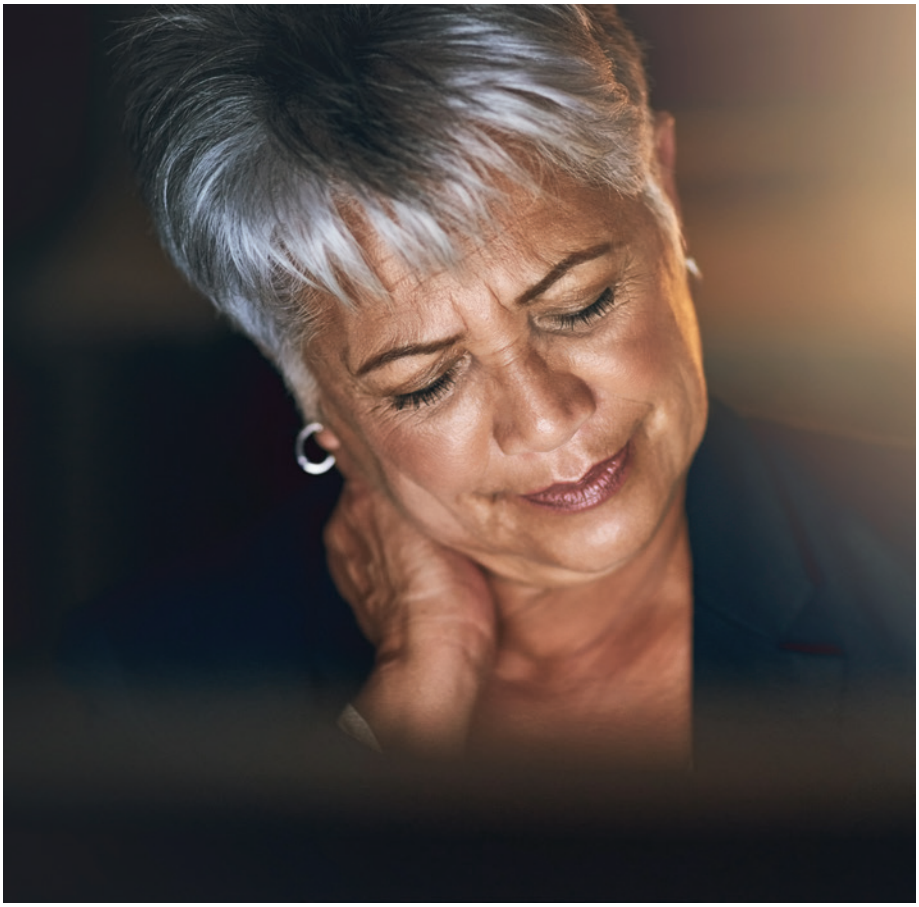
Accuracy in medical coding is not about assigning a seemingly random set of numbers to a procedure; it is about telling a patient's story in shorthand abbreviations, right down to the smallest anatomical detail.

## The Vital Role of Pain Management Injections in Healthcare

Pain management injections have revolutionized patient care, rendering surgical procedures safer, more efficient and less painful. They also offer substantial patient-centric benefits, particularly in addressing chronic pain, which affects approximately 50–100 million adults in the US and stands as the leading cause of adult disability.

For total joint procedures that rely heavily on multimodal pain management strategies, physicians blend a combination of general and regional anesthetics, incorporating short-acting and long-acting neuromuscular blockades to reduce immediate and postoperative pain levels. Advancements in single-shot injections provide relief for durations spanning 36 to 48 hours, while ultrasound-guided nerve blocks (UGNB) can extend relief up to 72 hours. Consequently, more complex procedures are performed in outpatient settings as patients no longer require an overnight hospital stay.

Moreover, these methods enhance efficacy and safety by circumventing the use of narcotics, thereby mitigating the adverse side effects commonly associated with opioid medications, non-opioid adjuncts and procedural sedation.



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ASCA's Coding & Reimbursement for ASCs virtual course includes a session focused on coding for pain management. The course is now available on demand.

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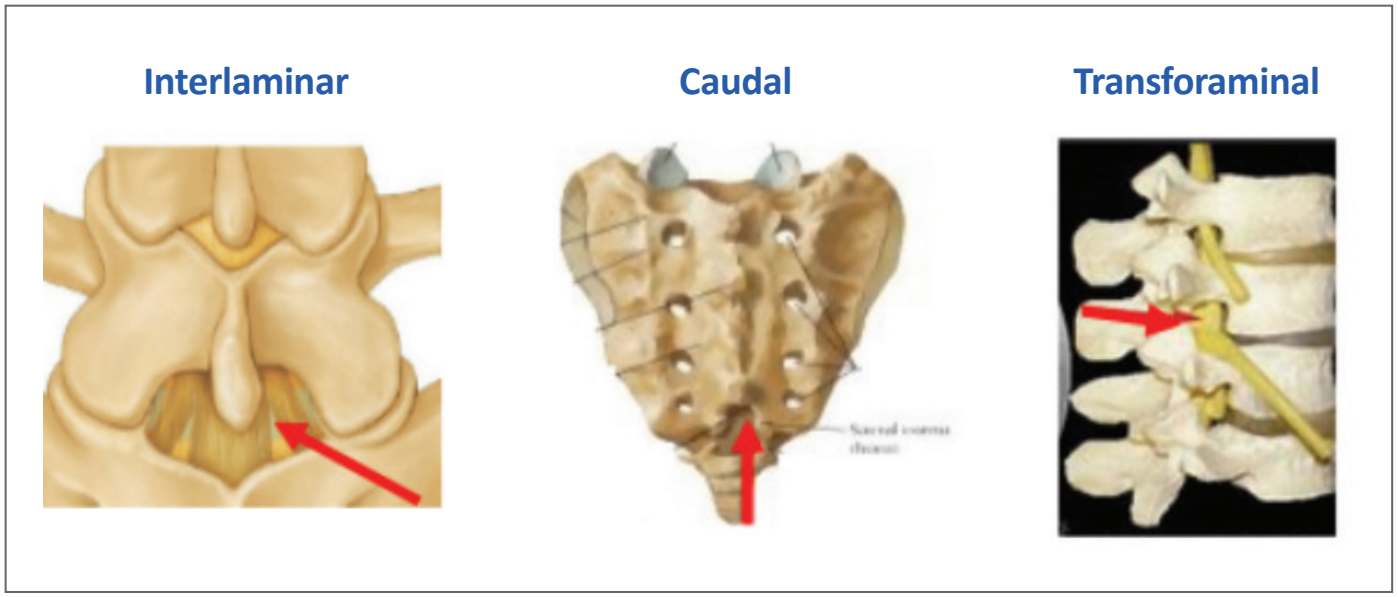
## Approaches and Coding Insights to Epidural Injections

Epidural injections are executed through three approaches: interlaminar, caudal or transforaminal.

Interlaminar approach refers to a direct midline approach to the epidural space between the lamina. The corresponding CPT codes are 62320–62323 for injections and 62324–62327 for indwelling catheter.

Selecting the appropriate code depends on the needle or catheter entry point, considering that epidural injections are reported once per spinal region. For example, if the catheter were inserted at L2-L3 and guided into the thoracic region, a lumbar injection code would still be reported. An injection given at T12-L1 is reported with a cervical/thoracic CPT code 62320 or 62321.

Caudal approach involves needle or catheter insertion through the sacral hiatus to access the epidural space.




SOURCE: NIMBLE

The applicable CPT codes are Injection 62322 or 62323 and Indwelling Catheter 62326 or 62327.

Remember, epidural injections are reported once only. If the physician were to insert a catheter, thread it to the L3-L4 level and, while slowly removing the catheter, perform injections at multiple levels, the epidural injection code would still be reported only one time.

Report the "indwelling" catheter codes when the catheter is left in place more than a single calendar day.

Transforaminal approach is a lateral approach through the intervertebral foramen and uses CPT codes 64479–64484. This technique also can be referred to as Diagnostic Selective Nerve Root Blocks (DSNRB).

A DSNRB is performed as a "diagnostic" service to help determine where a patient's pain is originating. Since a DSNRB and a Transforaminal Epidural Steroid Injection (TESI) use the same CPT code, Modifier -KX should be appended to the DSNRB to distinguish it from a TESI. This modifier indicates that only two levels are injected per single session. It also serves as an attestation that "all requirements of the local coverage determination (LCD) have been met." For example, if the physician were to perform diagnostic injections at three levels, Modifier -KX would not be appended because the LCD requirements only allow for two injections per session.

> *"Epidural injections must be performed using imaging guidance (CT or fluoroscopy) unless the patient has a documented contrast allergy or the patient is pregnant, in which case ultrasound guidance without contrast may be considered."*
>
> *—Paul Cadorette, nimble solutions*

## Recent Coding Changes for Epidural Injections

In addition to understanding a patient's anatomy, accurate medical coding relies on contemporaneous knowledge of ever-changing rules and regulations. A recent update to Medicare LCDs for epidural injections, effective from November 16, 2023, introduces additional documentation requirements, emphasizing the necessity of comprehensive operative reports and imaging guidance unless contraindicated.

The following additional documentation requirements are now in place:

- For SNRB and TESI, the operative report must clearly document the medical necessity for the service "along with the baseline pain score."
- For SNRB only, the operative report must include the baseline pain score and percentage of relief achieved immediately after the injection.
- There must be films—a minimum of two views—documenting final needle position and contrast flow that are placed in the patient's chart to be made available upon request.

Epidural injections must be performed using imaging guidance (CT or fluoroscopy) unless the patient has a documented contrast allergy or the patient is pregnant, in which case ultrasound guidance without contrast may be considered. «

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