

There have been a number of changes in Pain Management coding. Following is a summary of the changes:

Pain Management Codes

Codes 64470-64476 have been deleted and replaced with the following codes:

- 64490 – *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating joint) with image guidance (fluoroscopy or CT); **Cervical/Thoracic; single level***
- +64491 – ***Cervical/Thoracic; second level (in addition to primary code)***
- +64492 – ***Cervical/Thoracic; third and any additional level(s) (in addition to primary codes)***
- 64493 – *Injection(s), diagnostic or therapeutic, paravertebral facet (zygapophyseal) joint (or nerves innervating joint) with image guidance (fluoroscopy or CT); **Lumbar/Sacral; single level***
- +64494 – ***Lumbar/Sacral; second level (in addition to primary code)***
- +64495 – ***Lumbar/Sacral; third and any additional level(s) (in addition to primary codes)***

The codes listed above all include fluoroscopic or CT guidance, therefore the additional code (77003) will not be billed when the facet injections are performed. Also please keep in mind, the codes 64492 or 64495 cannot be billed more than once per date of service.

Code 63660 [revision/removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)] has been deleted and replaced with the following codes:

- 63661 – *Removal of spinal neurostimulator electrode array(s), including fluoroscopic guidance*
- 63662 – *Removal of spinal neurostimulator electrode plate/paddle via laminotomy/laminectomy, including fluoroscopic guidance*
- 63663 – *Revision including replacement of spinal neurostimulator electrode array(s), including fluoroscopic guidance*
- 63664 – *Revision including replacement of spinal neurostimulator electrode plate/paddle placed via laminotomy/laminectomy, including fluoroscopic guidance*

Consultation Visits (Medicare ONLY)

In the November, 2009 Federal Register, CMS finalized elimination of the use of consultation codes. Effective January 1, 2010, Office or Other Outpatient Consultation codes (99241-99245) and Inpatient Consultation codes (99251-99255) will no longer be valid for Medicare and should be reported as follows:

Current Code (Outpatient)	New Code (New Patient)	New Code (Est Patient)
99241	99201	99211
99242	99202	99212
99243	99203	99213
99244	99204	99214
99245	99205	99215

Current Code (Inpatient)	New Code
99251	99221
99252	99221/99222
99253	99222
99254	99222/99223
99255	99223

Again, this is specifically for Medicare, most commercial carriers are not following Medicare's lead with this as of yet.