

## Spine and Spinal Cord

### Injection, Drainage, or Aspiration

►Injection of contrast during fluoroscopic guidance and localization is an inclusive component of 62263, 62264, 62267, 62273, 62280, 62281, 62282, 62302, 62303, 62304, 62305, 62321, 62323, 62325, 62327, 62328, 62329. Fluoroscopic guidance and localization is reported with 77003, unless a formal contrast study (myelography, epidurography, or arthrography) is performed, in which case the use of fluoroscopy is included in the supervision and interpretation codes or the myelography via lumbar injection code. Image guidance and the injection of contrast are inclusive components and are required for the performance of myelography, as described by codes 62302, 62303, 62304, 62305.◄

For radiologic supervision and interpretation of epidurography, use 72275. Code 72275 is only to be used when an epidurogram is performed, images documented, and a formal radiologic report is issued.

Code 62263 describes a catheter-based treatment involving targeted injection of various substances (eg, hypertonic saline, steroid, anesthetic) via an indwelling epidural catheter. Code 62263 includes percutaneous insertion and removal of an epidural catheter (remaining in place over a several-day period), for the administration of multiple injections of a neurolytic agent(s) performed during serial treatment sessions (ie, spanning two or more treatment days). If required, adhesions or scarring may also be lysed by mechanical means. Code 62263 is **not** reported for each adhesiolysis treatment, but should be reported **once** to describe the entire series of injections/infusions spanning two or more treatment days.

▲ **62270** Spinal puncture, lumbar, diagnostic;

#● **62328** with fluoroscopic or CT guidance

✕ ►(Do not report 62270, 62328 in conjunction with 77003, 77012)◄

✱ ►(If ultrasound or MRI guidance is performed, see 76942, 77021)◄

▲ **62272** Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);

#● **62329** with fluoroscopic or CT guidance

✕ ►(Do not report 62272, 62329 in conjunction with 77003, 77012)◄

✱ ►(If ultrasound or MRI guidance is performed, see 76942, 77021)◄

**62273** Injection, epidural, of blood or clot patch

**62328** Code is out of numerical sequence. See 62270-62273

**62329** Code is out of numerical sequence. See 62270-62273

### Rationale

In support of the changes in reporting spinal puncture procedures with fluoroscopic or CT guidance, codes 62328 and 62329 have been added to the injection, drainage, or aspiration guidelines in the Spine and Spinal Cord subsection.

Codes 62270 and 62272 have been changed to two distinct parent codes by adding a semicolon to ensure language conformity in the descriptors. The new family of codes (62270, 62328) should be used to report diagnostic spinal lumbar puncture with or without fluoroscopic or CT guidance. In addition, the new family of codes (62272, 62329) should be used to report therapeutic spinal puncture for drainage of cerebrospinal fluid with or without fluoroscopic or CT guidance.

Exclusionary parenthetical notes have been added following codes 62328 and 62329 instructing users not to report codes 62270, 62328, 62272, and 62329 in conjunction with fluoroscopic and CT guidance codes 77003 and 77012. To provide further guidance, instructional parenthetical notes following codes 62328 and 62329 have been added to instruct users to see codes 76942 and 77021 for ultrasound or magnetic resonance imaging (MRI) guidance.

### Clinical Example (62270)

A 25-year-old female presents with fever and severe headache.

### Description of Procedure (62270)

Insert a spinal needle and advance until cerebrospinal fluid (CSF) is obtained, repositioning as necessary. Attach a pressure gauge to the spinal needle. Obtain CSF samples in sterile tubes to be sent for analysis. Then withdraw the needle and apply direct pressure for one minute. Apply a bandage and place the patient on her back.

### Clinical Example (62272)

A 25-year-old female presents with severe headache, visual difficulties, and neck stiffness.

## Description of Procedure (62272)

Insert the spinal needle at the appropriate position in the lumbar spine and obtain CSF. Connect a manometer and use to measure CSF pressure. Remove a volume of CSF for analysis and/or therapeutic treatment (volume based on indication and clinical judgment). A catheter may be inserted along the needle tract into the subarachnoid space as necessary for greater volume of fluid. Inject therapeutic agents as necessary. Measure a final CSF pressure using the manometer as necessary. Withdraw the spinal needle/catheter and apply direct pressure to the puncture site for one minute.

## Clinical Example (62328)

A 60-year-old female with severe degenerative disc disease, scoliosis, and prior failed bedside lumbar puncture presents with fever and severe headache.

## Description of Procedure (62328)

Supervise and interpret scout views of the lower back or lumbar spine to select the appropriate field of view. Obtain and interpret preliminary CT or fluoroscopic images of the lower back or lumbar spine to assess the appropriate approach and spinal level(s), evaluate for unexpected findings or interval changes, and adjust patient positioning or protocol as needed. Mark the appropriate skin-entry site, sterilize the skin in the standard fashion, and place sterile drapes as necessary. Anesthetize the skin and subcutaneous tissues using local anesthesia, changing needles as necessary for deeper infiltration. Under intermittent or continuous CT or fluoroscopic guidance, direct the spinal needle to the appropriate position or lumbar level. Reposition as necessary. Confirm satisfactory needle position with CT or fluoroscopic imaging and return of cerebrospinal fluid (CSF). Attach a pressure gauge to the spinal needle if opening pressures is desired. Obtain CSF (volume based on indication and clinical judgment). Store CSF samples in sterile tubes for further analysis as necessary. Withdraw the spinal needle and apply direct pressure to the puncture site for one minute.

## Clinical Example (62329)

A 25-year-old female with scoliosis and prior failed bedside lumbar puncture presents with severe headache, visual difficulties, and neck stiffness.

## Description of Procedure (62329)

Supervise and interpret scout views of the lower back or lumbar spine to select the appropriate field of view. Obtain and interpret preliminary CT or fluoroscopic images of the lower back or lumbar spine to assess the

appropriate approach and spinal level(s), evaluate for unexpected findings or interval changes, and adjust patient positioning or protocol as needed. Mark the appropriate skin-entry site, sterilize the skin in the standard fashion, and place sterile drapes as necessary. Anesthetize the skin and subcutaneous tissues using local anesthesia, changing needles as necessary for deeper infiltration. Under intermittent or continuous CT or fluoroscopic guidance, direct the spinal needle to the appropriate position or lumbar level. Reposition as necessary. Confirm satisfactory needle position with CT or fluoroscopic imaging and return of CSF. Insert catheter along the needle tract into the subarachnoid space as necessary if greater volume of CSF removal is required. Attach a pressure gauge to the spinal needle or catheter if opening pressures are desired. Obtain CSF (volume based on indication and clinical judgment). Store CSF samples in sterile tubes for further analysis as necessary. Inject indicated therapeutic agents when requested. Attach a pressure gauge to the spinal needle or catheter to obtain catheter pressure, if desired. Withdraw the spinal needle/catheter and apply direct pressure to the puncture site for one minute.

## Catheter Implantation

► (For percutaneous placement of intrathecal or epidural catheter, see 62270, 62272, 62273, 62280, 62281, 62282, 62284, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62328, 62329) ◀

**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  
(For refilling and maintenance of an implantable infusion pump for spinal or brain drug therapy, see 95990, 95991)

## Rationale

In support of the revision of codes 62270 and 62272 and the establishment of codes 62328 and 62329, the cross-reference parenthetical note preceding code 62350 has been revised to reflect these changes.

Refer to the codebook and the Rationale for codes 62270, 62272, 62328, and 62329 for a full discussion of these changes.

## Posterior Extradural Laminotomy or Laminectomy for Exploration/Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

**63020** Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical

(For bilateral procedure, report 63020 with modifier 50)

**63030** 1 interspace, lumbar

(For bilateral procedure, report 63030 with modifier 50)

**+ 63035** each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)

(Use 63035 in conjunction with 63020-63030)

★ ▶ (For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035) ◀

(For percutaneous endoscopic approach, see 0274T, 0275T)

**63040** Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical

(For bilateral procedure, report 63040 with modifier 50)

**63042** lumbar

(For bilateral procedure, report 63042 with modifier 50)

**+ 63043** each additional cervical interspace (List separately in addition to code for primary procedure)

(Use 63043 in conjunction with 63040)

★ ▶ (For bilateral procedure, report 63043 twice. Do not report modifier 50 in conjunction with 63043) ◀

**+ 63044** each additional lumbar interspace (List separately in addition to code for primary procedure)

(Use 63044 in conjunction with 63042)

★ ▶ (For bilateral procedure, report 63044 twice. Do not report modifier 50 in conjunction with 63044) ◀

### Rationale

In support of the revision to instructions for reporting add-on procedures when performed bilaterally, the instructional parenthetical notes for add-on codes 63035, 63043, and 63044 have been revised to indicate that add-on codes should be reported twice when the procedure is performed bilaterally.

Refer to the codebook and the Rationale for modifier 50, *Bilateral Procedure*, guideline revisions for a full discussion of these changes.

## Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

### Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)

(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)

▶ (64400-64455, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64490-64495 are unilateral procedures. For bilateral procedures, report 64400, 64405, 64408, 64415, 64416, 64417, 64418, 64420, 64425-64455, 64461, 64463, 64479, 64483, 64490, 64493 with modifier 50. Report add-on codes 64421, 64462, 64480, 64484, 64491, 64492, 64494, 64495 twice, when performed bilaterally. Do not report modifier 50 in conjunction with 64421, 64462, 64480, 64484, 64491, 64492, 64494, 64495) ◀

### Rationale

In support of the revision to instructions for reporting add-on procedures when performed bilaterally, the instructional parenthetical note in the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic subsection has been revised to clarify that add-on codes 64421, 64462, 64480, 64484, 64491, 64492, 64494, and 64495 should be reported twice when the procedure is performed bilaterally.

Refer to the codebook and the Rationale for modifier 50, *Bilateral Procedure*, guideline revisions for a full discussion of these changes.

### Somatic Nerves

▶ Codes 64400-64489 describe the introduction/injection of an anesthetic agent and/or steroid into the somatic nervous system for diagnostic or therapeutic purposes. For injection or destruction of genicular nerve branches, see 64454, 64624, respectively.

Codes 64400-64450, 64454 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code.

Imaging guidance and localization may be reported separately for 64400-64450. Imaging guidance and any injection of contrast are inclusive components of 64451 and 64454.

Codes 64455, 64479, 64480, 64483, 64484 are reported for single or multiple injections on the same site. For 64479, 64480, 64483, 64484, imaging guidance (fluoroscopy or CT) and any injection of contrast are inclusive components and are not reported separately. For 64455, imaging guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.

Codes 64461, 64462, 64463 describe injection of a paravertebral block (PVB). Codes 64486, 64487, 64488, 64489 describe injection of a transversus abdominis plane (TAP) block. Imaging guidance and any injection of contrast are inclusive components of 64461, 64462, 64463, 64486, 64487, 64488, 64489 and are not reported separately.▲

▲ **64400** Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)



► (64402 has been deleted. To report injection of anesthetic agent and/or steroid to the facial nerve, use 64999) ◀ *Unlisted*

▲ **64405** greater occipital nerve

▲ **64408** vagus nerve



► (64410, 64413 have been deleted. To report injection of anesthetic agent and/or steroid to the phrenic nerve, cervical plexus, (use 64999) ◀ *Unlisted*)

▲ **64415** brachial plexus

▲ **64416** brachial plexus, continuous infusion by catheter (including catheter placement)

(Do not report 64416 in conjunction with 01996)

▲ **64417** axillary nerve

▲ **64418** suprascapular nerve

► Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System			
Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic			
Code(s)	Unit	Image Guidance Included	Image Guidance Separately Reported, When Performed
<b>Somatic Nerve</b>			
64400-64450	1 unit per plexus, nerve, or branch injected regardless of the number of injections		X
64451	1 unit for any number of nerves innervating the sacroiliac joint injected regardless of the number of injections	X	
64454	1 unit for any number of genicular nerve branches, with a required minimum of three nerve branches	X	
64455	1 or more injections per level		X
64479	1 or more injections per level	X	
+64480	1 or more additional injections per level (add-on)	X	
64483	1 or more injections per level	X	
+64484	1 or more additional injections per level (add-on)	X	
64461	1 injection site	X	
+64462	1 or more additional injections per code (add-on)	X	
64463	1 or more injections per code	X	
64486-64489	By injection site	X	
Destruction by Neurolytic Agent (Eg, Chemical, Thermal, Electrical, or Radiofrequency), Chemodenervation			
Code(s)	Unit	Image Guidance Included	Image Guidance Separately Reported, When Performed
<b>Somatic Nerves</b>			
64624	1 unit for any number of genicular nerve branches, with a required minimum of three nerve branches	X◀	

- ▲ **64420** intercostal nerve, single level
- +▲ **64421** intercostal nerve, each additional level (List separately in addition to code for primary procedure)
  - ▶ (Use 64421 in conjunction with 64420) ◀
- ▲ **64425** ilioinguinal, iliohypogastric nerves
- ▲ **64430** pudendal nerve
- ▲ **64435** paracervical (uterine) nerve
- ▲ **64445** sciatic nerve
- ▲ **64446** sciatic nerve, continuous infusion by catheter (including catheter placement)
  - (Do not report 64446 in conjunction with 01996)
- ▲ **64447** femoral nerve
  - (Do not report 64447 in conjunction with 01996)
- ▲ **64448** femoral nerve, continuous infusion by catheter (including catheter placement)
  - (Do not report 64448 in conjunction with 01996)
- ▲ **64449** lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
  - (Do not report 64449 in conjunction with 01996)
- ▲ **64450** other peripheral nerve or branch
  - ✱ ▶ (For injection, anesthetic agent, nerves innervating the sacroiliac joint, use 64451) ◀
- **64451** nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
  - ✱ ▶ (Do not report 64451 in conjunction with 64493, 64494, 64495, 77002, 77003, 77012, 95873, 95874) ◀
  - ▶ (For injection, anesthetic agent, nerves innervating the sacroiliac joint, with ultrasound, use 76999) ◀
  - ▶ (For bilateral procedure, report 64451 with modifier 50) ◀
- **64454** genicular nerve branches, including imaging guidance, when performed
  - ▶ (Do not report 64454 in conjunction with 64624) ◀
  - ✱ ▶ (64454 requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all 3 of these genicular nerve branches are not injected, report 64454 with modifier 52) ◀

## Rationale

New guidelines have been added to the Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic, Somatic Nerves subsection. In addition, codes 64400-64450 have been revised, codes 64402, 64410, and 64413 have been deleted, and codes 64451 and 64454 have been added along with a new instructional table. These changes provide standardization

of the code descriptors and clarify reporting of sacroiliac joint nerve and genicular nerve branch injections.

Codes 64402, 64410, and 64413 have been deleted because these services are not commonly performed. Parenthetical notes have been added directing users to unlisted code 64999 when injections of facial, phrenic, and cervical nerves are performed. Code 64421 has been changed to an add-on code. This code may be reported in conjunction with code 64420, for each additional level of intercostal nerves injected. An instructional table has been added to specify how many units may be reported and if imaging guidance is included and/or if it could be reported separately.

Code 64451 has been added to describe injection(s) into nerves innervating the sacroiliac joint, with image guidance. New code 64451 inherently includes fluoroscopy or CT guidance. For injection of anesthetic agent to nerves innervating the sacroiliac joint using ultrasound guidance, an instructional parenthetical note following code 64451 has been added to see code 76999 (unlisted ultrasound procedure). An exclusionary parenthetical note has also been added following code 64451 to instruct users not to report code 64451 in conjunction with codes 64493, 64494, 64495, 77002, 77003, 77012, 95873, and 95874. Because code 64451 may be performed bilaterally, an instructional parenthetical note has been added to direct the use of modifier 50 when the procedure is performed bilaterally.

Code 64454 has been established to report injecting the superolateral, superomedial, and inferomedial genicular nerve branches. If all three of the listed nerve branches are not injected, then code 64454 should be reported with modifier 52 appended to indicate a reduction in service. An exclusionary parenthetical note has been added to preclude reporting code 64454 with new code 64624 (destruction by neurolytic agent of genicular nerve branches).

In support of the changes, instructional parenthetical notes have been added following codes 64450 and 64493.

## Clinical Example (64400)

A patient with a normal neurologic examination reports headaches that include pain in one or more branches of the trigeminal nerve (ophthalmic, maxillary, or mandibular). An injection of local anesthetic with or without a steroid is performed for nerve blockade.

**Description of Procedure (64400)**

Identify the appropriate skin and bony landmarks bordering the procedure area. Create and place a local anesthetic wheal at the site of the injection. Penetrate the skin with the needle and inject the contents of the syringe along the course of the supraorbital nerve near the medial border of the eyebrow around the supraorbital notch. Remove the needle and observe the site for bleeding, then covered it with a sterile occlusive dressing.

**Clinical Example (64408)**

A 55-year-old female presents with a neurogenic cough. Injection of an anesthetic agent to the vagus nerve is performed.

**Description of Procedure (64408)**

Palpate the lateral neck landmarks. Guide spinal needle into paralaryngeal area. After aspiration for blood and air is performed to ensure extraluminal and extravascular position, deliver the injectant solution. Remove injection needle, then apply pressure to the injection site if needed to stop bleeding. Inspect the neck for signs of hematoma or other complications.

**Clinical Example (64416)**

A 54-year-old female has a six-month history of tumor that is infiltrating her arm, which is causing constant trials, and she has been unable to tolerate physical therapy (PT) or perform normal activities of daily living (ADLs) with her arm. Due to her persistent, debilitating pain, a brachial plexus block with a catheter and a continuous infusion of local anesthetic is scheduled to relieve her pain and allow her to participate in PT to improve her function.

**Description of Procedure (64416)**

Identify the appropriate skin and bony landmarks bordering the brachial plexus and place at the site of injection. Create a local anesthetic skin wheal. Advance a needle toward the brachial plexus and confirm correct position. Advance a catheter to lie next to the brachial plexus and subsequently infiltrate a local anesthetic and steroid into the fascial plane containing the brachial plexus using intermittent aspiration and injection. Remove the needle and observe the site for bleeding. Cover with a sterile occlusive dressing.

**Clinical Example (64417)**

A 68-year-old male has a three-year history of a painful mass in his deltoid that is interfering with his ability to complete ADLs. He has had poor control of his pain despite multiple medication trials and PT. Due to his

persistent, debilitating pain, an axillary nerve block is scheduled to relieve his pain and improve his function.

**Description of Procedure (64417)**

Identify the appropriate skin and bony landmarks and place at the site of the injection. Create a local anesthetic skin wheal. Advance a needle toward the axillary nerve and confirm correct position. Infiltrate a local anesthetic and steroid around the nerve using intermittent aspiration and injection. Remove the needle and observe the site for bleeding. Cover with a sterile occlusive dressing.

**Clinical Example (64420)**

A 48-year-old female has a two-year history of rib pain that is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of intercostal nerve block is scheduled to relieve her pain and improve her function.

**Description of Procedure (64420)**

Identify the appropriate skin and bony landmarks and place at the site of the injection. Create a local anesthetic skin wheal. Advance a needle at an angle of approximately 20° cephalad to the skin until the rib is contacted. With the same angle of insertion, walk the needle off the inferior border of the rib and advance 3 mm to place the tip in the space containing the neurovascular bundle between the internal and innermost intercostal muscles. After negative aspiration, inject a local anesthetic. Remove the needle and observe the site for bleeding. Cover with a sterile occlusive dressing.

**Clinical Example (64421)**

A 48-year-old female has a three-year history of persistent rib pain following a fall that resulted in multiple rib fractures. The pain is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of intercostal nerve blocks involving multiple intercostal spaces is scheduled to relieve her pain and improve her function.

**Description of Procedure (64421)**

After the initial intercostal nerve block, perform additional intercostal nerve blocks at other levels. After cleaning the skin with an antiseptic solution, infiltrate 1 to 2 ml of dilute local anesthetic subcutaneously at the planned injection site at the inferior border of the rib. Advance a needle at an angle of approximately 20° cephalad to the skin until the rib is contacted. With the same angle of insertion, walk the needle off the inferior



border of the rib and advance 3 mm to place the tip in the space containing the neurovascular bundle between the internal and innermost intercostal muscles. After negative aspiration, deposit local anesthetic at each of the sites. Remove the needle and cover the sites with a sterile occlusive dressing.

### Clinical Example (64425)

A 48-year-old male has a three-year history of pain in his groin following an open inguinal hernia repair that is interfering with his ability to complete ADLs. He has had poor control of his pain despite multiple medication trials and PT. Due to persistent, debilitating pain, a trial of ilioinguinal or iliohypogastric nerve block is scheduled to relieve pain and improve function.

### Description of Procedure (64425)

Identify the appropriate skin and bony landmarks. Palpate the anterior superior iliac spine and mark the target insertion site 2-cm medial and 2-cm inferior to the anterior superior iliac spine. Create a local anesthetic skin wheal. Advance a needle through the external oblique muscle. A loss of resistance is appreciated as the needle passes through the muscle to lie between it and the internal oblique. After the initial loss of resistance, advance the needle again until a loss of resistance is encountered as the needle passes through the internal oblique muscle and is in the plane between the internal oblique and the transversus abdominus muscle. Following negative aspiration, inject a local anesthetic and steroid. Remove the needle and observe the site for bleeding. Cover with a sterile occlusive dressing.

### Clinical Example (64430)

A 48-year-old female has a two-year history of pudendal neuralgia that is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of pudendal nerve block is scheduled to relieve her pain and improve her function.

### Description of Procedure (64430)

Perform a bimanual examination to determine internal pelvic anatomy. Perform concentrated digital evaluation of the levator muscles, pelvic ligaments, and ischial spines. Proceed with povidone cleansing of the entire vaginal canal and cervix. Remove the speculum. Fill a 10-cc control syringe with local anesthetic with or without epinephrine. Attach a spinal needle to the 10-cc syringe. Don sterile gloves and again palpate the ischial spine and sacrospinous ligament. Perform introduction of the needle guide or trumpet, aligning with the digital palpation of the injection site. Direct the spinal needle into the needle guide. Perform an initial injection of the

anesthetic into the vaginal tissue. Advance the needle through the vaginal epithelium to the sacrospinous ligament. Perform aspiration to ensure no vascular perforation has occurred and perform further injection. Advance the needle again, slightly monitoring for loss of resistance, signifying complete penetration of the sacrospinous ligament and entrance into the region of the pudendal nerve. Perform aspiration again to ensure no perforation of the major pelvic vessels. Inject the anesthetic slowly to monitor adverse effects of possible intravascular injection. Remove the trumpet and needle. Place a speculum and confirm hemostasis at the injection site. The physician may choose to use more than 10 cc of anesthetic; therefore, the syringe may require refilling and repeat injection, or a second syringe may be used. If bleeding is encountered, hold a large proctoswab in place to exert pressure on any bleeding sites. Use proctoswabs to clean the posterior fourchette of any blood or extruded anesthetic.

### Clinical Example (64435)

A 34-year-old female with an intrauterine device (IUD) presented for IUD removal. The IUD string was not identified on examination, and initial probing of the cervical canal was not tolerated by the patient. Cervical dilation under cervical anesthesia is required for retrieval.

### Description of Procedure (64435)

Physician places a speculum into the vagina. Position the speculum so that the cervix is centered in the operative field. Clean the cervix and lateral vagina with an appropriate solution. Fill a 10-cc syringe with local anesthetic with or without epinephrine. Place a single-tooth tenaculum at the 12-o'clock position of the cervix to stabilize the organ. Attach a spinal needle to the 10-cc syringe. Initial aspirations and then injections of the anesthetic are placed into the cervix at the 3- and 9-o'clock positions, or the 2-, 4-, 8-, and 10-o'clock positions. Inject the anesthetic slowly to ascertain infiltration of the stroma of the cervix. Confirm hemostasis at each injection site after injection. After the procedure, bleeding is often encountered from the injection site, causing the need to hold pressure with proctoswabs until stable. Once the procedure is complete, wait for complete anesthetic effect.

### Clinical Example (64445)

A 25-year-old female has just undergone a right trimalleolar fracture open reduction and fixation, and the surgeon consults the anesthesiologist for pain management in the recovery room. The planned technique is a sciatic nerve block, to which the patient consents.

## Description of Procedure (64445)

Identify the appropriate skin and bony landmarks. Create and place a local anesthetic skin wheal at injection site. Anesthetize the skin at the proposed entry site with a small amount of local anesthetic via a small-gauge needle. Insert an insulated stimulating needle through the skin in the gluteal region. Turn a nerve stimulator on and monitor the patient for reports of paresthesia or appropriate muscle twitches in the leg in response to nerve stimulation. Reduce the current on the nerve stimulator to confirm proximity of the needle to the sciatic nerve and to reposition if necessary to maintain a muscle twitch in the appropriate distribution with a low current. Once correct needle position is obtained, aspirate the needle to confirm the absence of blood. Following negative aspiration, administer a small test-dose of local anesthetic, monitor the patient's vital signs (VS), and question the patient about symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, inject local anesthetic in incremental doses with frequent aspiration to avoid intravascular injection. After completion of the injection, remove the needle. Observe the patient for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, evaluate the initial effects of the sciatic nerve block by physical examination to determine if the patient is developing weakness, numbness, and pain relief in the expected nerve distribution.

## Clinical Example (64446)

A 30-year-old male suffers a crushed left foot in an automobile accident. He undergoes major reconstruction of his left foot and ankle under general anesthesia. The surgeon requests a block with continuous infusion to manage postoperative pain and facilitate rehabilitation. In order to provide postoperative pain control, a continuous sciatic nerve block is performed.

## Description of Procedure (64446)

Identify the appropriate skin and bony landmarks. Create a local anesthetic skin wheal at the planned needle insertion site. Advance a Tuohy needle toward the sciatic nerve. Attach a nerve stimulator to the needle and advance the needle until it is close to the nerve. A brisk motor response in the ankle, foot, or toes is noted with less than 0.4-mA stimulation. Advance a catheter through the Tuohy needle until it is 3 to 10 cm beyond its tip. Transfer the electrical connection to the catheter and evaluate nerve stimulation to confirm that the catheter is lying next to the nerve. Remove the Tuohy needle, secure the catheter in place, and inject 15 to 20 ml of a local anesthetic through the catheter. Assess block of the sciatic nerve over the next 15 to 30 minutes and start an infusion of a dilute local anesthetic.

Subcutaneous tunneling, affixation, and dressing of the catheter must be done carefully as this area is prone to bacterial contamination, both during and after the procedure.

## Clinical Example (64447)

A 30-year-old male undergoes a right anterior cruciate ligament repair under general anesthesia. In order to provide postoperative pain control and increase mobility in his knee, a femoral nerve block is performed. This block will allow earlier discharge from the recovery room, decreased postoperative pain, and earlier ambulation.

## Description of Procedure (64447)

Identify the appropriate skin and bony landmarks. Create a local anesthetic skin wheal at the injection site. Anesthetize the skin at the proposed entry site with a small amount of local anesthetic via a small-gauge needle. Advance an insulated stimulating needle through the skin in the groin. Turn the nerve stimulator on and monitor the patient for reports of paresthesia or appropriate muscle twitches in the quadriceps in response to nerve stimulation. Reduce the current on the nerve stimulator to confirm proximity of the needle to the femoral nerve. Reposition the needle if necessary to maintain a muscle twitch in the appropriate distribution with a low current. Once correct needle position is obtained, aspirate the needle to confirm the absence of blood. Following negative aspiration, administer a small test-dose of local anesthetic, monitor the patient's VS, and question the patient about symptoms of intravascular local anesthetic injection. If there are no signs or symptoms of intravascular injection, inject local anesthetic in incremental doses with frequent aspiration to avoid intravascular injection. After completion of the injection, remove the needle. Observe the patient for any signs or symptoms of local anesthetic toxicity. After several minutes have passed, evaluate the initial effects of the femoral nerve block by physical examination to determine if the patient is developing weakness, numbness, and pain relief in the expected nerve distribution.

## Clinical Example (64448)

A 65-year-old male undergoes a right total knee replacement (27447) under general anesthesia. The surgeon requests a block with continuous infusion to manage postoperative pain and facilitate rehabilitation. In order to provide postoperative pain control and increased mobility in his knee, a continuous femoral nerve block is performed.



## Description of Procedure (64448)

Identify the appropriate skin and bony landmarks. Create a local anesthetic skin wheal. Insert an insulated Tuohy needle through the skin and advance toward the femoral nerve. Confirm proper location of the needle with the use of a nerve stimulator. Advance a catheter through the needle to lie next to the femoral nerve. Next, inject a local anesthetic through the catheter with frequent aspiration and monitoring of the electrocardiogram (ECG) and pulse oximeter to avoid the possibility of intravascular injection. Secure the catheter in place and apply a sterile dressing. Then initiate a dilute local anesthetic infusion. Subcutaneous tunneling, affixation, and dressing of the catheter must be done carefully because this area is prone to bacterial contamination, both during and after the procedure.

## Clinical Example (64449)

A 62-year-old female undergoes a left total knee replacement (27447) under general anesthesia. The surgeon requests a block with a continuous infusion to manage postoperative pain and facilitate rehabilitation. In order to provide postoperative pain control and increased mobility in her knee, a continuous lumbar plexus block is performed.

## Description of Procedure (64449)

Identify the appropriate skin and bony landmarks. Create and place a local anesthetic skin wheal at the injection site. After infiltrating the skin and deeper tissues with local anesthetic using a small-gauge needle, connect a Tuohy needle designed to allow the introduction of a catheter to a peripheral nerve stimulator. Advance to obtain stimulation of the lumbar plexus. At this point, careful aspiration for blood and CSF is performed. Administer a test-dose of local anesthetic to rule out intravenous (IV) or intrathecal injection. Slowly inject between 15 and 30 ml of dilute local anesthetic through the needle, followed by insertion of an infusion catheter through the needle (about 5 cm past the tip of the needle). Observe the patient for signs of undesired epidural spread and associated hemodynamic changes, and for analgesia of the left leg and hip. Check the catheter for intravascular and intrathecal placement and secure in place. Once correct function of the catheter is confirmed, start a continuous infusion of a dilute local anesthetic.

## Clinical Example (64451)

A 68-year-old male has a five-year history of persistent right sacroiliac pain that is interfering with his ability to complete ADLs. He has had poor control of his pain despite multiple medication trials and PT. Due to his persistent, debilitating pain, a trial of diagnostic nerve

blocks to the sacroiliac joint is scheduled to relieve his pain and improve his function.

## Description of Procedure (64451)

Perform the procedure under fluoroscopic guidance. Target the L5 dorsal ramus nerve at the junction of the sacral ala and S1 superior articular process. Target the S1, S2, and S3 nerves at the posterior lateral foramen of the S1, S2, and S3 foramen, respectively. Under imaging guidance, approach the target areas by introducing a spinal needle to each of the appropriate fluoroscopic landmarks. After negative aspiration, deposit local anesthetic at each of the sites. Remove the needle and stylet.

## Clinical Example (64454)

A 78-year-old female has a five-year history of persistent right knee pain that is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of genicular nerve blocks is scheduled to relieve her pain and improve her function.

## Description of Procedure (64454)

Identify the appropriate skin and bony landmarks. Perform the procedure under fluoroscopic guidance. Target the superolateral, superomedial, and inferomedial genicular nerves adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. Under imaging guidance, approach the target areas by introducing a spinal needle from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. After negative aspiration, deposit local anesthetic at each of the sites. Remove the needle and stylet.

**64455** Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)

(Do not report 64455 in conjunction with 64632)

(Imaging guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of 64479-64484. Imaging guidance and localization are required for the performance of 64479-64484)

(64470-64476 have been deleted. To report, see 64490-64495)

**64479** Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

(For transforaminal epidural injection under ultrasound guidance, use 0228T)

- + 64480** cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

(Use 64480 in conjunction with 64479)

(For transforaminal epidural injection under ultrasound guidance, use 0229T)

(For transforaminal epidural injection at the T12-L1 level, use 64479)

- 64483** lumbar or sacral, single level

(For transforaminal epidural injection under ultrasound guidance, use 0230T)

- + 64484** lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

(Use 64484 in conjunction with 64483)

(For transforaminal epidural injection under ultrasound guidance, use 0231T)

► [64479-64484 are unilateral procedures. For bilateral procedures, report 64479, 64483 with modifier 50. Report add-on codes 64480, 64484 twice, when performed bilaterally. Do not report modifier 50 in conjunction with 64480, 64484] ◀

## Rationale

In support of the revision to instructions for reporting add-on procedures when performed bilaterally, the instructional parenthetical note referencing the laterality of codes 64479-64484 has been revised. As stated in the revised note, modifier 50 should be appended to codes 64479 and 64483 when performed bilaterally. However, because codes 64480 and 64484 are add-on codes, they should be reported twice when the procedure is performed bilaterally.

Refer to the codebook and the Rationale for modifier 50, *Bilateral Procedure*, guideline revisions for a full discussion of these changes.

## Paravertebral Spinal Nerves and Branches

(Image guidance [fluoroscopy or CT] and any injection of contrast are inclusive components of 64490-64495. Imaging guidance and localization are required for the performance of paravertebral facet joint injections described by codes 64490-64495. If imaging is not used, report 20552-20553. If ultrasound guidance is used, report 0213T-0218T)

► [For bilateral paravertebral facet injection procedures, report 64490, 64493 with modifier 50. Report add-on codes 64491, 64492, 64494, 64495 twice, when performed bilaterally. Do not report modifier 50 in conjunction with 64491, 64492, 64494, 64495] ◀

(For paravertebral facet injection of the T12-L1 joint, or nerves innervating that joint, use 64490)

## Rationale

In support of the revision to instructions for reporting add-on procedures when performed bilaterally, the instructional parenthetical note in the Paravertebral Spinal Nerves and Branches subsection has been revised to indicate that add-on codes 64491, 64492, 64494, and 64495 should be reported twice when the procedure is performed bilaterally.

Refer to the codebook and the Rationale for modifier 50, *Bilateral Procedure*, guideline revisions for a full discussion of these changes.

- 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** second level (List separately in addition to code for primary procedure)

(Use 64491 in conjunction with 64490)

- + 64492** third and any additional level(s) (List separately in addition to code for primary procedure)

(Do not report 64492 more than once per day)

(Use 64492 in conjunction with 64490, 64491)

- 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

► [For injection, anesthetic agent, nerves innervating the sacroiliac joint, use 64451] ◀

## Rationale

In support of the establishment of code 64451, a parenthetical note following code 64493 has been added to reflect these changes to direct users to the appropriate code for injection of anesthetic agent of nerves innervating the sacroiliac joint.

Refer to the codebook and the Rationale for code 64451 for a full discussion of these changes.

## Neurostimulators (Peripheral Nerve)

For electronic analysis with programming, when performed, of peripheral nerve neurostimulator pulse generator/transmitters, see codes 95970, 95971, 95972. An electrode array is a catheter or other device with more than one contact. The function of each contact may be capable of being adjusted during programming services. Test stimulation to confirm correct target site placement of the electrode array(s) and/or to confirm the functional status of the system is inherent to placement, and is not separately reported as electronic analysis or programming of the neurostimulator system. Electronic analysis (95970) at the time of implantation is not separately reported.

Codes 64553, 64555, and 64561 may be used to report both temporary and permanent placement of percutaneous electrode arrays.

(64550 has been deleted)

(For transcutaneous nerve stimulation [TENS], use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)

► (For percutaneous implantation or replacement of integrated neurostimulation system, posterior tibial nerve, use 0587T) ◀

### Rationale

A parenthetical note directing users to new code 0587T for percutaneous implantation or replacement of an integrated neurostimulation system for the posterior tibial nerve has been added in the Neurostimulators (Peripheral Nerve) subsection.

Refer to the codebook and the Rationale for code 0587T for a full discussion of these changes.

## Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radiofrequency), Chemodenervation

Codes 64600-64681 include the injection of other therapeutic agents (eg, corticosteroids). Do not report diagnostic/therapeutic injections separately. Do not report a code labeled as destruction when using therapies that are not destructive of the target nerve (eg, pulsed radiofrequency), use 64999. For codes labeled as chemodenervation, the supply of the chemodenervation agent is reported separately.

(For chemodenervation of internal anal sphincter, use 46505)

(For chemodenervation of the bladder, use 52287)

(For chemodenervation for strabismus involving the extraocular muscles, use 67345)

(For chemodenervation guided by needle electromyography or muscle electrical stimulation, see 95873, 95874)

## Somatic Nerves

**64600** Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch

**64605** second and third division branches at foramen ovale

**64610** second and third division branches at foramen ovale under radiologic monitoring

**# 64624** Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed

► (Do not report 64624 in conjunction with 64454) ◀



► (64624 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64624 with modifier 52) ◀

### Rationale

In support of the establishment of new codes to report procedures related to the genicular nerves, code 64624 has been added. Code 64624 requires destruction of the superolateral, superomedial, and inferomedial genicular nerve branches. Code 64624 should be reported with modifier 52 appended to indicate a reduction in service, if a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches. An exclusionary parenthetical note has been added to preclude reporting code 64624 with new code 64454 (injection(s) of anesthetic agent(s) and/or steroid into genicular nerve branches).

Refer to the codebook and the Rationale for codes 64400-64454 for a full discussion of these changes.

### Clinical Example (64624)

A 78-year-old female has a five-year history of persistent right knee pain that is interfering with her ability to complete ADLs. She has had poor control of her pain despite multiple medication trials and PT. Due to her persistent, debilitating pain, a trial of genicular nerve blocks was conducted and found to temporarily relieve her pain and improve her function. She is now scheduled for genicular nerve radiofrequency lesioning to provide longer-term, sustained pain relief.

## Description of Procedure (64624)

Identify the appropriate skin and bony landmarks. Perform the procedure under fluoroscopic guidance. Target the superolateral, superomedial, and inferomedial genicular nerves adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. Under imaging guidance, guide a radiofrequency cannula from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. Perform motor stimulation to ensure the absence of adjacent motor fibers. After positive confirmation of sensory placement and negative motor testing, administer local anesthetic adjacent to the nerve to mitigate pain associated with radiofrequency lesioning. Perform radiofrequency ablation. The target tissue should reach 80°C for 90 seconds. Remove the needle and stylet.

- **64625** Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

► Do not report 64625 in conjunction with 64635, 77002, 77003, 77012, 95873, 95874) ◀



► (For radiofrequency ablation, nerves innervating the sacroiliac joint, with ultrasound, use 76999) ◀

► (For bilateral procedure, report 64625 with modifier 50) ◀

## Rationale

Code 64625 has been added to report radiofrequency ablation to nerves innervating the sacroiliac joint with image guidance.

New code 64625 inherently includes fluoroscopy or CT guidance. Therefore, fluoroscopic and CT guidance codes 77002, 77003, and 77012 are included in the list of codes in the new exclusionary parenthetical note following code 64625. To provide further guidance, a parenthetical note following code 64625 has been added instructing users to see code 76999, *Unlisted ultrasound procedure*, for radiofrequency ablation to nerves innervating the sacroiliac joint with ultrasound.

Because this procedure may be performed bilaterally, instruction has been added to append modifier 50 when the procedure is performed bilaterally.

## Clinical Example (64625)

A 68-year-old male has a five-year history of persistent right sacroiliac joint pain and struggles to complete ADLs. He has had poor pain control despite multiple medication trials and PT. Subsequently, a trial of diagnostic nerve blocks was conducted, which temporarily relieved his pain and improved his function. He is now scheduled for radiofrequency ablation of the nerves innervating the sacroiliac joint to provide longer-term, sustained pain relief.

## Description of Procedure (64625)

Perform the procedure under fluoroscopic guidance. Target the L5 dorsal ramus nerve at the junction of the sacral ala and S1 superior articular process. Target the S1, S2, and S3 nerves at multiple points along the posterior lateral foramen of the S1, S2, and S3 foramen, respectively. Under imaging guidance, guide a radiofrequency cannula to the appropriate fluoroscopic landmark. Perform sensory stimulation. After further anesthetic is injected, perform radiofrequency ablation at 60°C for 150 seconds. Remove the needle and stylet.

**64624** Code is out of numerical sequence. See 64605-64612

**64625** Code is out of numerical sequence. See 64605-64612

- # **64633** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

(For bilateral procedure, report 64633 with modifier 50)

- # + **64634** cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)

(Use 64634 in conjunction with 64633)



► (For bilateral procedure, report 64634 twice. Do not report modifier 50 in conjunction with 64634) ◀

- # **64635** lumbar or sacral, single facet joint

(For bilateral procedure, report 64635 with modifier 50)

- # + **64636** lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

(Use 64636 in conjunction with 64635)



► (For bilateral procedure, report 64636 twice. Do not report modifier 50 in conjunction with 64636) ◀

(Do not report 64633-64636 in conjunction with 77003, 77012)

(For destruction by neurolytic agent, individual nerves, sacroiliac joint, use 64640)