Pain Physician, Volume 3, Number 1, pp 73-85
2000, Association of Pain Management Anesthesiologists®

Focused Review

CPT 2000: Interventional Pain Management Coding in the New Millennium

Laxmaiah Manchikanti, MD

Current Procedural Terminology is a systematic listing and coding of procedures and services performed by physicians and other providers. The CPT is the most widely accepted nomenclature for the reporting of procedures by physicians and other providers for health-care services provided by the government, and private health-insurance programs. It is most widely accepted for claim processing, and for the development of guidelines for medical care review, and it provides the uniform language applicable to medical education, research, and utilization.

The CPT 2000 includes a multitude of changes. Those of most important interest to interventional pain management specialists include neural blockade where the codes used in pain management have been totally revamped. The entire section of neural blockade codes has been substantially altered, either by deletion, modification, or addition of a new code. Various deleted codes include 62274 to 62279, 62288, 62289, 62298, and 64440 to 64445. The definitions for CPT codes 62273, 62280, 62281, 62282, 62287, 62291, 62350, 64622, 64623, and 72285 have been modified and changed. Multiple new codes not only include replacement codes for epidurals, but also creation of codes for sacroiliac-joint injection, sacroiliac-joint arthrography, percutaneous lysis of epidural adhesions, facet-joint injections at the cervical and thoracic levels, neurolytic facet-joint neural blockade for cervical and thoracic levels, transforaminal injection codes for cervical/thoracic and lumbar/sacral, epidurography and radiological examination. The several advantages and disadvantages of new codes and future directions in CPT coding are described.

Keywords: Interventional pain management, CPT 1999, CPT 2000, epidural injections, facet-joint blocks

Current Procedural Terminology, commonly known as CPT, is a systematic listing and coding of procedures and services performed by physicians and other providers. The first CPT, with its five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other materials, was published in 1966 by the American Medical Association (AMA). Subsequently, the second edition, the third edition, and the fourth edition were printed in 1970, 1973, and 1977 respectively. Since 1977, the fourth edition has undergone a multitude of revisions each year through the year 1999, which is the CPT™ 2000. The purpose of the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, other providers, patients, and third parties (1, 2).

The CPT descriptive terms and identification of codes currently serve a wide variety of important functions in the field of medical practice (1). The CPT is the most widely accepted nomenclature for:

1. The reporting of procedures by physicians and other providers,
2. The health care services provided by the government, as well as private health insurance programs,
3. Claims processing,
4. The development of guidelines for medical care review,

From Pain Management Center of Paducah, Paducah, KY
Dr. Manchikanti is Medical Director of Pain Management Center of Paducah. Address correspondence: Laxmaiah Manchikanti, MD, 2831 Lone Oak Road, Paducah, KY 42003

Table 1. *Deleted interventional pain management codes from CPT 2000*

62274 - Subarachnoid or subdural injection
62275 - Epidural, cervical or thoracic, single
62276 - Subarachnoid or subdural, differential
62277 - Subarachnoid or subdural, continuous
62278 - Epidural, lumbar or caudal, single
62279 - Epidural, lumbar or caudal, continuous
62288 - Subarachnoid injection
62289 - Lumbar or caudal epidural
62298 - Cervical or thoracic epidural
64440 - Paravertebral nerve block (thoracic, lumbar, sacral, coccygeal), single vertebral level
64441 - Multiple paravertebral nerve blocks
64442 - Lumbar paravertebral facet joint nerve block, single level
64443 - Lumbar paravertebral facet joint nerve block, each additonal level

5. Medical education and research, and
6. Local, regional, and national utilization comparisons.

Development of CPT coding is a complex process. This process includes the CPT Executive Committee, CPT Editorial Panel, CPT Advisory Committee, and Health Care Professionals Advisory Committee. The AMA CPT Advisory Committee is composed of members from numerous organizations including a multitude of major societies such as the American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Ophthalmology, American Academy of Pain Medicine, American College of Surgeons, and American College of Physicians, etc. The Advisory Committee also consists of numerous smaller societies, which include the American Society of Cataract and Refractive Surgery, American Academy of Child and Adolescent Psychology, American Society of Cytopathology, American Orthopedic Association, Society for Investigative Dermatology, American Sleep Disorders Association, American Geriatric Society, Society of Nuclear Medicine, American Society for the Surgery of the Hand, American Academy of Insurance Medicine, American Society for Dermatologic Surgery, Society of Critical Care Medicine, American Medical Directors Association, American Medical Group Association, and American Institute of Ultrasound Medicine, etc.

The first volume of CPT of the new millennium CPT 2000 includes a total of 320 changes in the form of 136 new codes, 91 deleted codes, and 93 revised codes. Considering the 1998 changes, these are only approximately half the number of code changes made. However, the most important changes of interest to interventional pain management specialists were in neural blockade, which totally revamped the codes used in pain management. These include the codes listed under nervous system, as well as radiology. The entire section of neural blockade codes has been substantially altered, either by deletion, modification, or addition of a new code. The changes in nervous system codes include 17 new codes, 14 deleted codes, and 13 revised codes. Except for one (1) deleted code and one (1) new code, all of the changes involve interventional pain management. Of the 10 new codes, 6 deleted codes, and 4 revised codes in radiology, 3 new codes were created for interventional pain management.

Deleted Codes

Thirteen codes most commonly used in interventional pain management were deleted (Table 1):

- 62274 - Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); subarachnoid or subdural
- 62275 - Injection of diagnostic or therapeutic

anesthetic or antispasmodic substance (including narcotics); epidural, cervical or thoracic, single

- 62276 - Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); subarachnoid or subdural, differential
- 62277 - Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); subarachnoid or subdural, continuous
- 62278 - Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, single
- 62279 - Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous
- 62288 – Injection of substance other than anesthetic, antispasmodic, contrast, or neurolytic solutions; subarachnoid (separate procedure)
- 62289 - Injection of substance other than anesthetic, antispasmodic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure)
- 62298 - Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural, cervical, or thoracic (separate procedure)
- 64440 – Injection, anesthetic agent, paravertebral nerve (thoracic, lumbar, sacral, coccygeal), single vertebral level
- 64441 - Injection, anesthetic agent, paravertebral nerves, multiple levels, eg, regional block
- 64442 - Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, single level
- 64443 – Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, each additional level

Revised Descriptions

Ten codes commonly used in interventional pain management have new description(s).

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

  This essentially widens this code for utilization in any area of the epidural space, as the old definition stated, "Injection, lumbar epidural, or blood or clot patch."

- 62280 – Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid

  In contrast to the old definition, which stated, "Injection of neurolytic substance, eg, alcohol, phenol, iced saline solutions; subarachnoid." The present definition expands this code to include infusion of neurolytic substances, along with other therapeutic substances.

- 62281 - Injection/infusion of neurolytic substance, eg, alcohol, phenol, iced saline solutions, with or without other therapeutic substance; epidural, cervical or thoracic

  The previous definition of 62281 was, "Injection of neurolytic substance (eg, alcohol, phenol, iced saline solutions); epidural, cervical or thoracic." However, the revised language includes infusion in addition to the injection, as well as the inclusion of other therapeutic substances.

- 62282 - Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)

  Similar to 62281, the definition of lumbar or caudal epidural neurolytic injection code expands this to include infusion, along with other substances.

- 62287 – Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar, eg, manual or automated percutaneous diskectomy, percutaneous laser diskectomy

  The old description of the code was as follows, "Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar." The revised definition provides language to include decompression procedures by any method. Until a new code is developed for identification, this may be the most suitable code for this procedure.

- 62291 – Injection procedure for diskography, each level; cervical or thoracic
  This code description is expanded by the addition of thoracic levels.

- 62350 – Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term pain management via an external pump

Table 2. *CPT 2000 codes for various types of epidural blocks*

62263 - Percutaneous lysis of epidural adhesions
62310 - Cervical or thoracic epidural
62311 - Lumbar or caudal epidural
62318 - Cervical or thoracic continuous epidural
62319 - Lumbar or caudal continuous epidural
64479 - Cervical, thoracic, transforaminal epidural, single level
64480 - Cervical, thoracic, transforaminal epidural, each additional level
64483 - Lumbar/sacral transforaminal epidural, single level
64484 - Lumbar/sacral transforaminal epidural, each additional level
72275 - Epidurography - radiological supervision and interpretation
76005 - Fluoroscopic guidance for injection procedures (epidural, etc.)

or implantable reservoir/infusion pump; without laminectomy
The new language includes via an external pump or implantable reservoir for long-term pain management.

- 64622 – Destruction by neurolytic agent, paravertebral facet-joint nerve, lumbar or sacral, single level
The description was modified to include sacral.

- 64623 – Destruction by neurolytic agent, paravertebral facet-joint nerve, lumbar or sacral, each additional level
Similar to 64622, the description was expanded to include sacral levels.

- 72285 – Diskography, cervical or thoracic, radiological supervision and interpretation
The new description of the code includes thoracic levels as well.

New Codes

The major revamping of the practice of interventional pain management is due to development of 19 new codes to describe various interventional procedures (Tables 2, 3, 4,5).

- 27096 - Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
- 62263 - Percutaneous lysis of epidural adhesions using solution injection, eg, hypertonic saline, enzyme, or mechanical means, (eg, spring-wound catheter), including radiologic localization (includes contrast when administered)
- 62310 – Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
- 62311 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
- 62318 – Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; cervi-

Table 3. *CPT 2000 codes of facet-joint and sacroiliac-joint neural blockade and neurolysis*

1. 64470 - Cervical or thoracic facet-joint block, single level
   - 64472 - Cervical or thoracic facet-joint block, each additional level
2. 64475 - Lumbar or sacral facet-joint block, single level
   - 64476 - Lumbar or sacral facet-joint block, each additional level
3. 64626 - Cervical or thoracic facet neurolysis, single level
   - 64627 - Cervical or thoracic facet neurolysis, each additional level
4. 64622 - Lumbar or sacral facet neurolysis, single level
   - 64623 - Lumbar or sacral facet neurolysis, each additional level
5. 27096 - Sacroiliac-joint injection
6. 73542 - Sacroiliac-joint arthrography, radiological supervision and interpretation
7. 76005 - Fluoroscopic guidance for injection procedures

cal or thoracic

- 62319 – Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)
- 64470 – Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; cervical or thoracic, single level
- 64472 – Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; cervical or thoracic, each additional level
- 64475 – Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; lumbar or sacral, single level
- 64476 – Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level
- 64479 – Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
- 64480 – Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level
- 64483 – Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
- 64484 – Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level
- 64626 – Destruction by neurolytic agent, paravertebral facet-joint nerve, cervical or thoracic, single level
- 64627 – Destruction by neurolytic agent, paravertebral facet-joint nerve, cervical or thoracic, each additional level
- 72275 - Epidurography, radiological supervision and written radiological interpretation
- 73542 – Radiological examination, sacroiliac joint arthrography, radiological supervision and written interpretation
- 76005 - Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet-joint nerve or sacroiliac joint), including neurolytic agent destruction

Unchanged Codes

Approximately 40 codes used, some commonly, some occasionally, and others rarely, continue the original definitions and identity.

- 62270 – Spinal puncture, lumbar, diagnostic
- 62272 – Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)
- 62284 – Injection procedure for myelography

Table 4. *Comparison of interventional pain management codes: CPT 1999 vs CPT 2000*

Old Code(s)	New Code(s)
62274 - Subarachnoid - single	62310 - Cervical/thoracic epidural
62276 - Subarachnoid - differential	62311 - Lumbar/caudal epidural
62277 - Subarachnoid - continuous	
62288 - Subarachnoid injection - other than anesthetic	
62275 - Cervical/thoracic epidural	62310 - Cervical/thoracic epidural
62298 - Cervical/thoracic epidural	62311 - Lumbar/caudal epidural
62278 - Lumbar/caudal epidural	64483 - Transforaminal - lumbar/sacral - single
62289 - Lumbar/caudal epidural	64484 - Transforaminal - lumbar/sacral - each additional level
64440 - Lumbar paravertebral nerve block - single	64479 - Transforaminal - cervical/thoracic - single
64441 - Lumbar paravertebral nerve block - multiple	64480 - Transforaminal - cervical/thoracic - each additional level
64442 - Lumbar facet joint block - single	
64443 - Lumbar facet joint block - each additional level	
62279 - Lumbar/caudal epidural - continuous	62318 - Cervical/thoracic epidural - continuous
	62319 - Lumbar/caudal epidural - continuous
64442 - Lumbar facet joint block - single	64470 - Cervical/thoracic facet joint block - single
64443 - Lumbar facet joint block - each additional level	64471 - Cervical/thoracic facet joint block - each additional level
	64475 - Lumbar/sacral facet joint block - single
	64476 - Lumbar/sacral facet joint block - each additional level

and/or computerized axial tomography, spinal (other than C1-C\2 and posterior fossa)

- 62290 Injection procedure for diskography, each level; lumbar
- 62292 – Injection procedure for chemonucleolysis, including diskography, intervertebral disk, single or multiple levels, lumbar
- 62355 – Removal of previously implanted intrathecal or epidural catheter
- 62360 – Implantable or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
- 62361 - Implantable or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
- 62362 - Implantable or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
- 62365 – Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
- 62367 – Electronic analysis of programmable, implanted pump for intrathecal or epidural drug

Table 5. *Crosswalk of CPT 2000 from CPT 1999, utilized by HCFA to the practice expense*

New or 2000 CPT code(s)		Old or 1999 CPT code(s)	
27096	Injection procedure for sacroiliac joint, arthrography, and/or anesthetic/steroid	27093	Injection procedure for hip arthrography; without anesthesia
62263	Percutaneous lysis of epidural adhesions is; using solution injection, eg, hypertonic saline, enzyme or mechanical means, eg, spring-guide catheter, including radiologic localization (includes contrast when administered)	62282	Injection/infusion of neurolytic substances, eg, alcohol, phenol, iced saline solutions, with or without other therapeutic substance, epidural, lumbar, sacral (caudal)
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	62298	Injection of substance other than anesthetic, contrast, or neurolytic solutions, epidural, cervical, or thoracic (separate procedure)
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	62289	Injection of substance other than anesthetic, antispasmodic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure)
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; cervical or thoracic	62277	Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); subarachnoid or subdural, continuous
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)	62279	Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; cervical or thoracic, single level	64442	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, single level
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; cervical or thoracic, each additional level	64443	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, each additional level
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet-joint nerve; lumbar or sacral, single level	64442	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, single level
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level	64443	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, each additional level
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	64442	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, single level
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level	64443	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, each additional level
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	64442	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, single level
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level	64443	Injection, anesthetic agent, paravertebral facet-joint nerve, lumbar, each additional level
64626	Destruction by neurolytic agent, paravertebral facet-joint nerve, cervical or thoracic, single level	64622	Destruction by neurolytic agent, paravertebral facet-joint nerve, lumbar or sacral, single level
64627	Destruction by neurolytic agent, paravertebral facet-joint nerve, cervical or thoracic, each additional level	64623	Destruction by neurolytic agent, paravertebral facet-joint nerve, lumbar or sacral, each additional level
72275	Epidurography, radiological supervision and written radiological interpretation	72265	Myelography, lumbosacral, radiological supervision and interpretation
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and written interpretation	73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet-joint nerve or sacroiliac joint), including neurolytic agent destruction	76003	Fluoroscopic localization for needle biopsy or fine needle aspiration

Adapted and modified from Federal Register (6).

Table 6. *Illustration of physician fee schedule for year 2000 and proposed facility payments for ambulatory surgical and hospital outpatient settings for epidural and facet joint procedures.**

		Physician Fees [1] $	Office Expense [2] $	Proposed ASC Payment [3] $	Proposed Hospital Payment [4] $
62263	Percutaneous epidural adhesiolysis	332	89	241	164
62310	Cervical/thoracic epidural	93	105	241	164
62311	Lumbar/caudal epidural	78	122	241	164
64479	Transforaminal cervical/thoracic - single	106	115	0	154
64480	Transforaminal cervical/thoracic - additional	74	126	0	154
64483	Transforaminal lumbar/sacral - single	90	114	0	154
64484	Transforaminal lumbar/sacral - additional	64	125	0	165
62318	Continuous epidural - cervical/thoracic	101	106	241	164
62319	Continuous epidural - lumbar/sacral	92	110	241	164
62281	Cervical/thoracic epidural - neurolytic	131	54	241	164
62282	Lumbar/sacral epidural - neurolytic	134	87	241	164
62270	Spinal puncture	67	57	101	124
72275	Epidurography - radiological supervision and interpretation	27**	84#	0	203
76005	Fluoroscopic guidance	29**	50#	0	79
64470	Facet injection - cervical/thoracic - single	89	115	0	154
64472	Facet injection - cervical/thoracic - additional	63	107	0	154
64475	Facet injection - lumbar/sacral - single	68	114	0	154
64476	Facet injection - lumbar/sacral - additional	47	124	0	154
64622	Facet neurolysis - lumbar/sacral - single	166	62	0	154
64623	Facet neurolysis - lumbar/sacral - additional	60	58	0	154
64626	Facet neurolysis - cervical/thoracic - single	162	98	0	154
64627	Facet neurolysis - cervical/thoracic - additional	58	98	0	154
27096	SI-joint injection	57	351	0	147
73542	SI-joint arthrography - radiological supervision and interpretation	27**	80#	0	124

Adapted and modified from Federal Registers (3-6)
ASC=ambulatory surgery center; *=payments are for participating physicians, national, unadjusted for locality. ASC and hospital payments for new codes are based on payments or lack thereof for cross-walk codes; **=professional component; #=technical component; N/A=not available; 1=physicians fees – shows out of office payments – also defined as facility total – total payments for the service when performed in a facility setting. 2=office expense differential – payment differences between total payment under the 2000 Medicare physician fee schedule for the service when performed in a nonfacility setting. A service performed in a nonfacility setting may be attained by adding the amount in the "physician fees" column with the amount in the "Office Expense" column; 3=based on proposed ASC rule and crosswalk utilized for new codes; final rule is pending; 4=payment for procedure when performed in hospital outpatient department as proposed by HCFA in the Sept.8th,1998, proposed rule, and crosswalk utilized in introduction of new codes.

Table 7. *Illustration of physician fee schedule for year 2000 and proposed facility payments for ambulatory surgical and hospital outpatient settings for other invasive procedures*

		Physician Fees [1] $	Office Expense [2] $	Proposed ASC Payment [3] $	Proposed Hospital Payment [4] $
62287	Decompression of nucleus pulposus	546	0	600	653
62290	Lumbar diskography	173	59	0	132
62291	Cervical/thoracic diskography	160	64	0	132
20550	Trigger-point injection	41	32	0	91
20600	Small-joint injection	36	21	0	91
20605	Intermediate-joint injection	36	26	0	91
20610	Large-joint injection	41	32	0	91
62350	Implantation of catheter	406	0	391	581
62355	Removal of catheter	335	0	391	581
62360	Implantation or replacement of drug infusion reservoir	163	0	841	1274
62361	Implant of non-programmable pump	326	0	841	1274
62362	Implant of programmable pump	419	0	841	1274
62365	Removal of reservoir	333	0	391	582
63650	Implantation of neurostimulator	464	0	391	609
63660	Removal of neurostimulator	454	0	391	582
63685	Implantation of pulse generator	514	0	841	1274
63688	Removal of pulse generator	402	0	391	581
64400	Trigeminal nerve block	53	39	0	154
64405	Greater occipital nerve block	64	42	0	154
64420	Intercostal nerve block - single	63	36	0	154
64421	Intercostal nerve block - multiple	88	41	0	154
64425	Ilioinguinal nerve block	87	33	0	154
64450	Peripheral nerve block	61	28	0	154
64505	Sphenopalatine ganglion block	66	38	0	154
64510	Stellate ganglion block	66	37	0	154
64520	Lumbar or thoracic sympathetic block	72	57	0	154
64530	Celiac plexus block	91	44	0	154
64600	Neurolytic - trigeminal - small branches	207	20	0	154
64605	Neurolytic - trigeminal - 2/3 division	296	20	0	154
64610	Neurolytic - trigeminal - at foramen ovale	528	0	0	154
64620	Intercostal neurolysis	142	42	0	154

Adapted and modified from Federal Registers (3-6)
ASC=ambulatory surgery center; *=payments are for participating physicians, national, unadjusted for locality. ASC and hospital payments for new codes are based on payments or lack thereof for cross-walk codes; **=professional component; #=technical component; N/A=not available; 1=physicians fees – shows out of office payments – also defined as facility total – total payments for the service when performed in a facility setting. 2=office expense differential – payment differences between total payment under the 2000 Medicare physician fee schedule for the service when performed in a nonfacility setting. A service performed in a nonfacility setting may be attained by adding the amount in the ""physician fees"" column with the amount in the ""Office Expense"" column; 3=based on proposed ASC rule and crosswalk utilized for new codes; final rule is pending; 4=payment for procedure when performed in hospital outpatient department as proposed by HCFA in the Sept.8th,1998, proposed rule, and crosswalk utilized in introduction of new codes.

infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without programming

- ◆ 62368 - Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with programming
- ◆ 64400 – Injection, anesthetic agent, trigeminal nerve, any division or branch
- ◆ 64402 - Injection, anesthetic agent, facial nerve
- ◆ 64405 - Injection, anesthetic agent, greater occipital nerve
- ◆ 64418 - Injection, anesthetic agent, suprascapular nerve
- ◆ 64420 - Injection, anesthetic agent, intercostal nerve, single
- ◆ 64421 - Injection, anesthetic agent, intercostal nerves, multiple, regional block
- ◆ 64425 - Injection, anesthetic agent, ilioinguinal, iliohypogastric nerves
- ◆ 64445 - Injection, anesthetic agent, sciatic nerve
- ◆ 64450 - Injection, anesthetic agent, other peripheral nerve or branch
- ◆ 64505 - Injection, anesthetic agent, sphenopalatine ganglion
- ◆ 64508 - Injection, anesthetic agent, carotid sinus
- ◆ 64510 - Injection, anesthetic agent, stellate ganglion
- ◆ 64520 - Injection, anesthetic agent, lumbar or thoracic, sympathetic
- ◆ 64530 - Injection, anesthetic agent, celiac plexus, with or without radiologic monitoring
- ◆ 64600 - Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
- ◆ 64605 - Destruction by neurolytic agent, trigeminal nerve; second- or third-division branches at foramen ovale
- ◆ 64610 - Destruction by neurolytic agent, trigeminal nerve; second- or third-division branches at foramen ovale under radiologic monitoring
- ◆ 64620 - Destruction by neurolytic agent, intercostal nerve
- ◆ 64630 - Destruction by neurolytic agent, pudendal nerve
- ◆ 64640 - Destruction by neurolytic agent, other peripheral nerve or branch
- ◆ 64680 - Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring
- ◆ 20550 – Injection, tendon sheath, ligament, trigger points, or ganglion cyst
- ◆ 20600 – Arthrocentesis, aspiration and/or injection; small joint, bursa, or ganglion cyst, eg, fingers, toes
- ◆ 20605 - Arthrocentesis, aspiration and/or injection; intermediate joint, bursa, or ganglion cyst, eg, temporomandibular, acromioclavicular, wrist, elbow, or ankle, olecranon bursa
- ◆ 20610 - Arthrocentesis, aspiration and/or injection; major joint or bursa, eg, shoulder, hip knee joint, subacromial bursa

Lower Practice Expense Relative Values for Pain Physicians

HCFA has reduced, markedly, Medicare non-facility reimbursement for a multitude of pain procedures. This will mainly affect pain physicians who perform a high volume of interventional pain procedures or who practice in hospital outpatient facilities and ambulatory surgical facilities who will feel the brunt of the cuts. However, physicians who operate their own independent office based pain centers or who primarily practice behavioral type of medicine may not be hit as hard, even though the question remains, if the facility reimbursement for the office site will offset the overhead.

The most commonly performed interventional pain procedure, lumbar or caudal epidural injection with old codes of 62289 or 62278 was reimbursed in 1999 at approximately $106 for a participating physician if the procedure was performed in a facility setting, either in a hospital or surgical center. It was approximately $120 if the procedure was performed in a physician's office. However, in 2000, the new single spinal injection code for lumbar and lumbar/caudal - CPT 62311, the reimbursement will be approximately $78 if the procedure is performed in a hospital setting or surgery center. Whereas, it will be $200 if the procedure is performed in a physician's office, essentially reducing the physician's fees and increasing the office expense portion.

It appears that the major gap between facility and non-facility payments is for the sacroiliac joint injection code - CPT 27096. At this point, it is not known if this is a typographical error or deliberate inclusion, as a multitude of local carriers also have adapted the same relative unit value for sacroiliac joint injection, if performed in a hospital setting or an ambulatory surgical center setting, a physician will receive approximately $57 per injection, whereas proposed facility fee for surgery center is $0, and for hospital it is $0. However, if the procedure is performed in a

physician's office, the reimbursement will be $408, accounting $351 for the office expense, compared to $89 for percutaneous epidural adhesiolysis - CPT 62263 or $62 for lumbar facet neurolysis - CPT 64622.

Caution should be exercised prior to embarking on moving these procedures from the present practice patterns until all the facts are out and the dust settles down. For further information on HCFA's decision of cross-walking of the codes, expected reimbursement in the year 2000, please see Tables 5, 6, and 7.

Even though the new regulations continue to state that the site of service differential has been eliminated. In practical terms, it continues to be present as facility and non-facility, or in-office or out-of-office payment. This specifically does not make any sense at all, as the procedures which are not approved for surgery centers also suffer severe reductions in physician fees if they are performed in surgery centers.

Typographical Errors

CPT 2000 also has a few typographical errors in the neural blockade section:

- 64450 – Injection, anesthetic agent; other peripheral nerve or branch also describes further directions; (for phenol destruction, see > 62310-62319 <). However, descriptions for 62310 and 62311 specifically use language, "Not including neurolytic substances." Similarly, 62318 and 62319 also state, "Not including neurolytic substances."

Instead, for phenol destruction, the appropriate codes are:

- •• 62280 – Injection/infusion of neurolytic substances, eg, alcohol, phenol, iced saline solutions, with or without other therapeutic substance, subarachnoid
- •• 62281 – Injection/infusion of neurolytic substances, eg, alcohol, phenol, iced saline solutions, with or without other therapeutic substance, epidural, cervical or thoracic
- •• 62282 Injection/infusion of neurolytic substances, eg, alcohol, phenol, iced saline solutions, with or without other therapeutic substance, epidural, lumbar, sacral (caudal)
- 62263 – Percutaneous lysis of epidural adhesions using solution injection, eg, hypertonic saline, enzyme or mechanical means, eg, **spring-wound catheter**, including radiologic localization (includes contrast when administered)

Instead, catheter description for percutaneous lysis of epidural adhesions is:

- 62263 – Percutaneous lysis of epidural adhesions using solution injection, eg, hypertonic saline, enzyme or mechanical means, eg, **spring-guide catheter**, including radiologic localization (includes contrast when administered)

Advantages of CPT 2000

There are a multitude of advantages to the new coding system, which potentially may take the confusion out of billing for interventional pain management and decrease denials, as well as variations among providers. Reimbursement pundits and gurus are projecting a windfall.

1. The new codes define clearly, cervical/thoracic and lumbar/sacral, thus, resolving long-standing problems due to lack of appropriate coding for these levels.
2. Identify separate codes for single injection, as well as continuous and catheter placement.
3. The new codes eliminate differences between epidural and subarachnoid.
4. The new codes create, with significant advantage, categories for percutaneous lysis of epidural adhesions, epidurography, sacroiliac-joint injection, and needle placement or localization.
5. Unbundling risk of fluoroscopy has been eliminated with new interventional pain management codes, which include fluoroscopic guidance and localization of needle or catheter for spine or paraspinous diagnostic or therapeutic injection procedures (including epidural, transforaminal epidural, subarachnoid, paravertebral facet-joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction, with a code of 76005.
6. At least at the present time, there are no comprehensive or component coding issues for new codes. As long as a formal radiological report is available, CPT 72275 and 73542 may be used.

Discrepancies - CPT 2000 vs HCFA

CPT 2000 identifies codes 64470 to 64484 as unilateral or one-sided codes. It is believed that, this facilitates pain

specialists in using modifier –50 for bilateral facet joint and transforaminal epidural injections.

However, Medicare has instructed carriers not to pay for bilateral billing of the new facet joint injection and transforaminal epidural codes (64470-64484) (8).

HCFA until recently has stated that it is it's long standing position that the -50 modifier may not be used with facet joint injections because it does not consider it a unilateral procedure.

Obviously, HCFA considered cervical/thoracic and lumbar/sacral transforaminal epidural injections at the same level or equivalent to facet joint nerve blocks.

Good News!

However, in January of 2000, Medicare reverted its position, acknowledging that there was a mix-up in not allowing bilateral billing of new facet joint injection and transforaminal codes (9). Rules will change, probably as of April, 2000, meaning Medicare will pay 150% bilateral fee with modifier -50.

Disadvantages of CPT 2000

In spite of multiple purported advantages, the following disadvantages exist:

1. The major hurdle of not being able to perform any pain management procedures, effective January 1, 2000, was removed thanks to the diligent efforts of AOPMA, its counsel, and unwavering congressional support. However, this hurdle may become an issue again once the final expected rule in February is released to be effective July, 1, 2000, thus leaving a hiatis from April 1 through June 30.
2. The new pain management codes have not been included, either in the ambulatory surgery center (ASC) approved listing or hospital outpatient department approved listing. While it is probable that epidural injection, as well as epidural adhesiolysis codes will be included, it is possible that transforaminal epidural injections will be included, but it is not known if transforaminal epidural injections will be included. However, it remains to be seen and is still questionable whether HCFA will include facet-joint nerve blocks, as well as radiofrequency thermoneurolysis in the ASC listing. In addition, intercostal nerve blocks, sympathetic nerve blocks, sympathetic neurolysis, and intercostal neurolysis, along with facet-joint nerve blocks, still remain on the "chopping block." Finally, inadequate reimbursement for these procedures still poses a danger.
3. Percutaneous epidural adhesiolysis has achieved a new coding, along with better reimbursement. The sad thing is that both procedures, nonendoscopic adhesiolysis and endoscopic adhesiolysis, are considered at the same level, which will prevent facilities from being able to afford to provide endoscopic adhesiolysis.
4. New codes have not been established for intradiscal electrothermal annuloplasty, ganglionotomy at any level, sympathetic neurolysis, vertebroplasty, blocks of hypogastric plexus and ganglion impar, and sympathetic blockade by intravenous (IV) injection.
5. Elimination of paravertebral nerve blocks will preclude any type of epidural blockade in the spine, as many state medical assistance programs do not approve epidural injections. They may also consider transforaminal injection as an epidural injection and may deny payments. In the past, providers were able to utilize paravertebral nerve-block codes to provide blockade of selective nerve roots.
6. The CPT codes 72275 (epidurography) and 73542 (sacroiliac-joint arthrography) require a formal radiologic report of radiological supervision and interpretation. In addition, like all other procedures, these also require documentation of medical necessity.
7. We have to wait and see the future unfolding as to "black-box edits" and correct coding policy applications to these new codes.
8. All interventional pain management procedures performed in ASC settings must be billed with old codes, until the final ASC rule is issued.
9. Epidurography, radiological supervision and interpretation CPT 72275. This code is not modifier - 51 exempt, in contrast to CPT 62284, injection procedure for myelography.
10. New CPT codes 62263, 62310, 62311, 62318, 62319, 64470, 64475, 64479, 64483, 64622, and 64626 are not listed as '*' procedures.

* = service includes surgical procedures only.

Future Directions

The AMA and the CPT Executive Committee will continue to incorporate changes by means of revisions, additions, and deletions, as they have done since 1966 (on a regular basis each year since 1978). Interventional pain management needs stronger representation on this committee, which could be achieved by adding AOPMA to its Advisory Committee. In the future, interventional pain physicians should not only actively monitor the activities of the AMA CPT Advisory Committee, Editorial Panel, and CPT Executive Committee, but also participate in the changes of the new millennium and proactively advocate for the increased presence of interventional pain management. The focal point of the future should include establishment of new CPT codes for intradiscal electrothermal annuloplasty, ganglionotomy, sympathetic neurolysis, vertebroplasty, hypogastric plexus block, block of ganglion impar, and IV regional sympathetic block. It is also paramount in importance that epidural endoscopy be modified from the present coding, as well as reimbursement.

Conclusion

It is accepted that CPT descriptive terms and identification of codes currently are the only means and serve a wide variety of important functions in the field of medical practice including interventional pain management. Development of CPT coding is a complex process involving multiple professionals and organizations, without real representation from interventional pain physicians. The CPT 2000, by addition of new codes and deletion of some of the old codes, revamps interventional pain management to a great extent. However, it falls short not only by not taking into consideration multiple procedures, but also by continuing to keep many procedures which are no longer used in pain management. Given the reliance on CPT coding by HCFA and third-party payers, the future of interventional pain management depends on appropriate participation of interventional pain physicians in development of appropriate codes for interventional pain procedures, as well as deletion of inappropriate or irrelevant codes.

Acknowledgments

The author wishes to thank Michelle R. Powell for her assistance with transcription of the manuscript and Bert Fellows, MA, William Sarraille, JD, and Allison Shuren, JD for review of the manuscript.

References

1. Current procedural terminology, CPT 2000, Chicago, American Medical Association, 1999.
2. Current procedural terminology, CPT 1999, Chicago, American Medical Association, 1998.
3. Revisions to payment policies. Proposed rule. 64 Federal Register, 39609, July 22, 1999.
4. Revisions to payment policies under the physician fee schedule for Calendar year 2000. Final rule. 64 Federal Register, 59389, November 2, 1999.
5. Update of the rate setting methodology for ambulatory surgical centers. 63 Federal Register, 32290, June 12, 1998.
6. Prospective payment system for hospital outpatient services ("HOPD PPS"). 63 Federal Register, 47752, September 8, 1998.
7. Manchikanti L. Impact of National Correct Coding Policy on Interventional Pain Management. *Pain Physician* 1999; 2:33-45.
8. Anesthesia Practice Advisor with pain management update, Special Issue, 1999: 1-8.
9. Anesthesia Answer Book action alert, Jan/Feb 2000; 1-4.