



Pain Management – Anatomy, Conditions and Coding Concerns

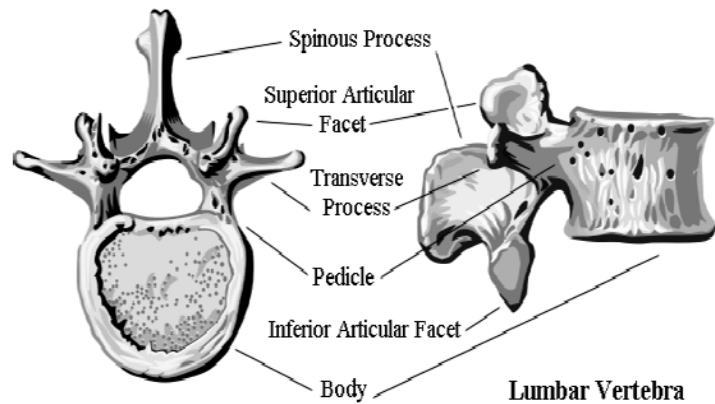
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Objectives

- Review Spine anatomy
- Look at pain causing conditions
- Identify types of pain
- Review treatment methods
- Discuss
 - Documentation requirements
 - Coding of procedures
 - CMS coding guidelines

Spine – Vertebra



Spine

- Articulating Surface
 - Facet joint
- Epidural space
- Neural Foramen

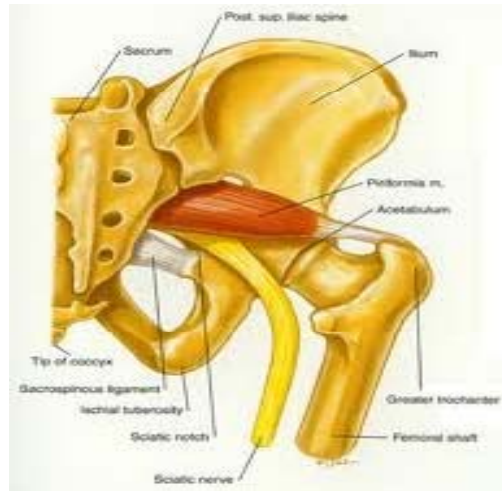


Sacrum & Sacroiliac Joint

This anatomical diagram illustrates the right half of a human pelvis and the sacrum. The sacrum is shown on the left, with the sacrospinous ligament connecting its spinous process to the greater trochanter of the femur. The piriformis muscle is highlighted in red, originating from the anterior superior iliac spine (ASIS) and passing over the greater trochanter. The sciatic nerve is shown in yellow, running along the greater sciatic foramen. Other labeled structures include the ilium, ischial tuberosity, and femoral shaft.

Labels in the diagram include:

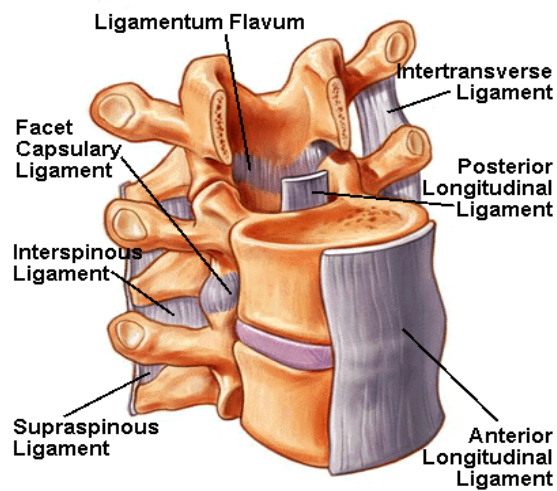
- Post. sup. iliac spine
- Ilium
- Piriformis m.
- Acetabulum
- Greater trochanter
- Femoral shaft
- Sciatic nerve
- Sciatic notch
- Ichial tuberosity
- Sacrospinous ligament
- Tip of coccyx
- Sacrum



Spine – Connective Tissue

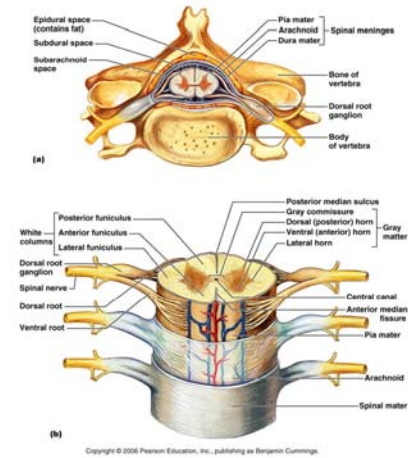
This anatomical diagram illustrates the connective tissues of the spine, focusing on the vertebral column and intervertebral discs. The vertebrae are shown in a light tan color, while the intervertebral discs are depicted in a darker, textured brown. The ligaments are highlighted in a light blue/purple color. Labels with leader lines point to the following structures:

- Ligamentum Flavum
- Intertransverse Ligament
- Posterior Longitudinal Ligament
- Anterior Longitudinal Ligament
- Supraspinous Ligament
- Interspinous Ligament
- Facet Capsular Ligament

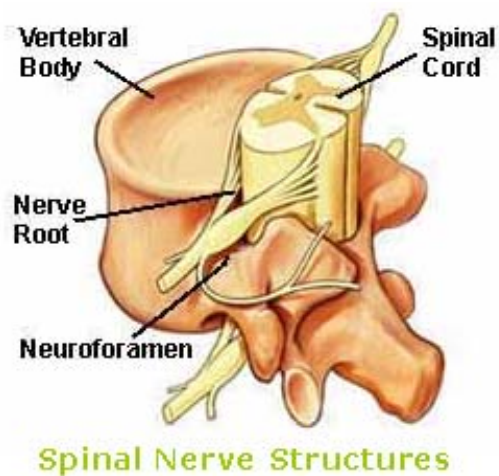


Central Nervous System

- Epidural Space
- Subdural Space
- Subarachnoid Space
- Spinal Meninges
- Dorsal Root
- Ventral Root
- Central Canal



Spine and Central Nervous System



Types of Pain

- Acute
- Chronic
- Neoplasm associated pain
- Spinal pain
- Post-surgical pain

LCD L28529 (R8)

Acute

“Pain elicited by the injury of body tissues and activation of nociceptive transducers at the site of local tissue damage.

This type of pain is often a reason to seek health care, and it occurs after trauma, surgical interventions, and some disease processes.”

Chronic

“Persistent or episodic pain of duration or intensity that adversely affects the function or well-being of the patient, attributable to any nonmalignant etiology”

- Failed repeated attempts at medical management
- Usually has been present for at least three to six months.

Neoplasm Associated

“...Includes pain associated with disease progression as well as treatment.”

Multiple causes include:

- *Disease progression*
- *Treatment*
- *Co-occurring diseases*

Spinal

“...generates from multiple structures in the spine”

- Condition may not be detectable
- Structure must be identified as source of pain using reliable and valid diagnostic techniques

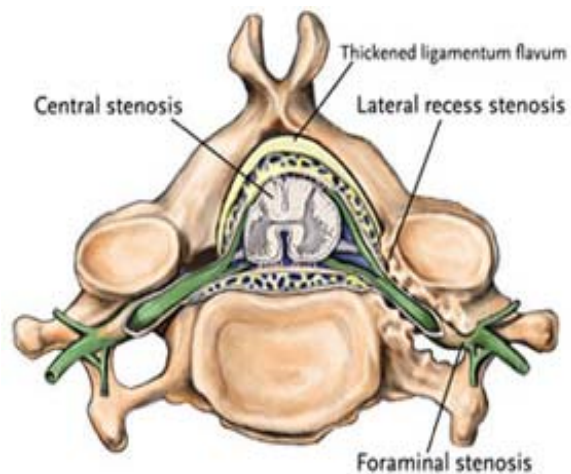
Post Surgical -Spinal

“Postlaminectomy syndrome or pain following operative procedures of the spine, sometimes known as failed management syndrome, is becoming an increasingly common entity in modern medicine.”

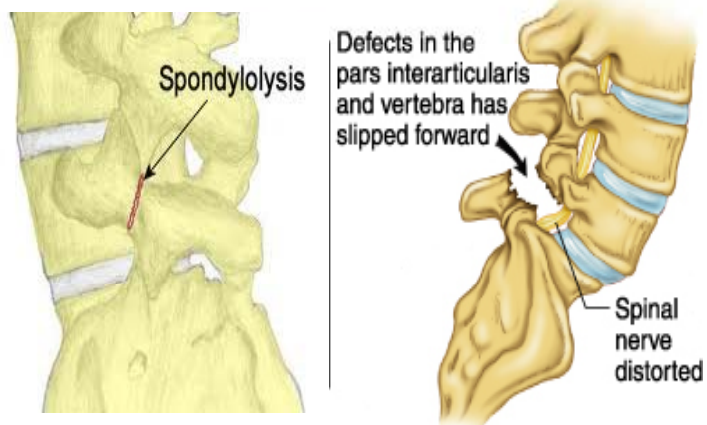
Conditions –Spinal Origin Pain

- Disc disruption
- Facet arthritis
- Post-Surgical – failed back
- Myofascial syndromes
- Sacroiliac joint syndrome
- Degenerative disorders
 - Stenosis
 - Spondylolysis
 - Spondylolisthesis
 - Scoliosis
 - Segmental instability
 - Spinal hyperostosis

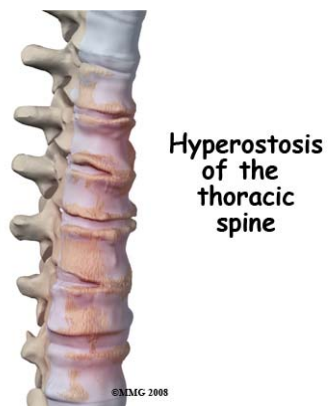
Stenosis



Spondylolysis vs Spondylolisthesis



Diffuse Idiopathic Spinal Hyperostosis - DISH



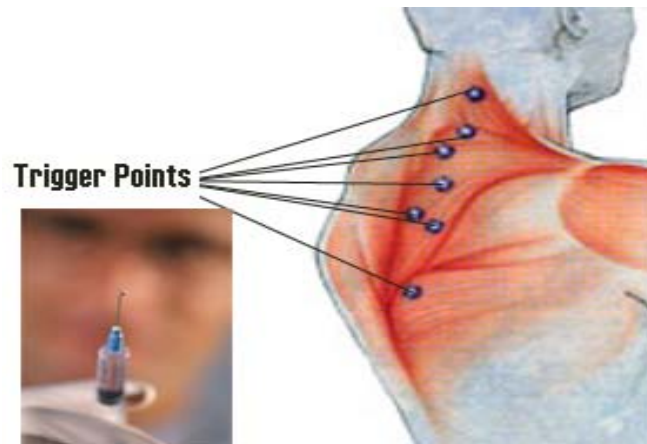
Documentation Requirements

- Thorough evaluation
 - Systematic assessment
 - Location
 - Intensity
 - Pathophysiology of pain
 - Detailed Pain History
 - Prior treatment
 - Response to treatment
 - Detailed physical exam
 - Review of pertinent diagnostic test

Diagnosis and Treatment

- Neural Blockade
 - Trigger Point Injections
 - Epidural Intrathecal Injections
 - Transforaminal injections
 - Paravertebral Joint/Nerve Blocks
 - Sacroiliac Joint Injections
- Destruction
 - Nerve Denervation

Trigger Point Injections



Trigger Point

- Indications
 - History of injury or sprain
 - Distribution pattern of pain
 - Restriction of range of motion
 - Increased sensitivity to stretch
 - Muscular deconditioning
 - Focal tenderness
 - Palpable taut band of muscle
 - Local taut response
 - Reproduction of referred pain pattern

Treatment

- Noninvasive
 - Pharmacologic
 - Nonpharmacologic
 - Physical therapy
- Invasive
 - Trigger point injection

Documentation

- History of onset of the painful condition, and its presumed cause (injury, sprain, etc.)
- Thorough physical exam
- Presence of clinical features
- Results of noninvasive treatment if applicable

Codes

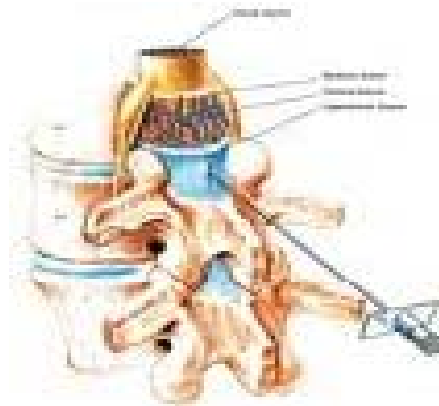
20552 – Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

20553 – Injection(s); single or multiple trigger point(s), 3 or more muscle(s)

CMS Coding Guidelines

- One trigger point injection per day
- Local anesthetic is bundled
- Routine injections not medically necessary
- Anesthetics and corticosteroids only
 - Saline or botanical substances not covered

Epidural and Intrathecal Injections



Epidural and Intrathecal Injections

- Diagnostic
 - Determine dose
 - Determine patient's response
- Therapeutic
 - Acute/sub-acute pain syndromes
 - Nerve root injuries and neuropathic pain
 - Spinal cord myelopathy
 - Complex regional pain syndrome
 - Epidural scarring
 - Multiple rib fractures or vertebral compression fractures
 - Phantom limb pain
 - Management of intractable spasticity
 - Post-herpetic neuralgia and herpes zoster

Documentation Requirements

- Failed conservative management
 - Disabling and debilitating pain
- Poor surgical risk or
- Surgery is unacceptable to patient
- Adjunct treatment
 - Provide relief to aggressive rehabilitative program

Codes

Epidural and intrathecal injections

62310 – Injection, single, not including neurolytic substances, with or without contrast, of diagnostic or therapeutic substance(s), epidural or subarachnoid; cervical or thoracic

62311 - lumbar, sacral

62318 – Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast, of diagnostic or therapeutic substance(s), epidural or subarachnoid; cervical or thoracic

62319 - lumbar, sacral

01966 – Daily hospital management of epidural or subarachnoid continuous drug administration

CMS Coding Guidelines

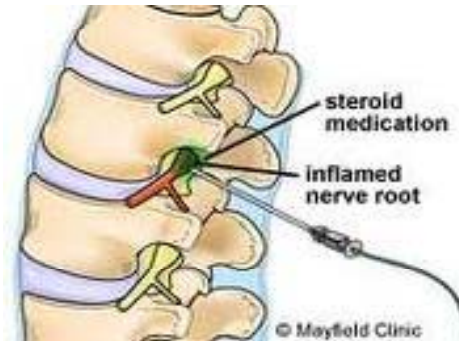
Codes 62310-62311, 62318-62319

- Includes insertion of needle
- Injection of drug or diagnostic substance
- Bilateral surgery indicator of “0”
 - No 50
 - No LT or RT

CMS Coding Guidelines

- One unit billed per spinal region
 - Cervical/thoracic (62310)
 - Lumbar/ sacral (62311)
- Not used for operative anesthesia
- Time separate
- Daily management (01966)
 - 2nd day
 - Once per day
 - Place of service 21

Transforaminal Injections



Transforaminal Injections

- Diagnostic
 - Identify type, site and source of pain
- Therapeutic
 - Radicular pain
 - Resistant to other treatment
 - Surgery contraindicated
 - Post surgical scarring or decompressive radiculitis
 - Monoradicular pain
 - Acute herpes zoster or post-herpetic neuralgia

Documentation Requirements

- Presence of multi-level
 - Nerve root compression
 - Stenosis
- Identified on Imaging studies
- Responsible for symptoms and findings

Codes

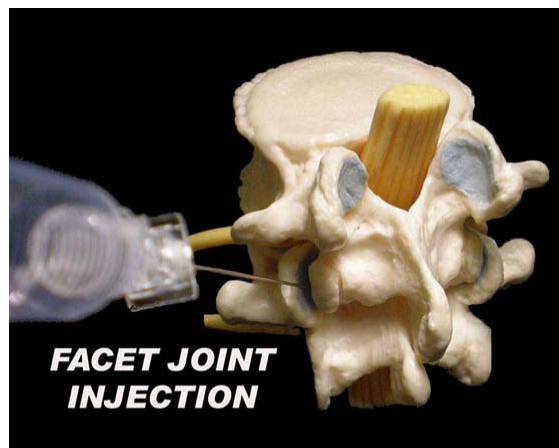
- Transforaminal injections
 - 64479 – Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; cervical or thoracic, single level
 - 66480 - cervical or thoracic, each additional level
 - 64483 - lumbar or sacral, single level
 - 64484 - lumbar or sacral, each additional level

CMS Coding Guidelines

Codes 64479 – 64484

- Bilateral surgery indicator “1”
 - Same level - 50
 - Different levels - LT and/or RT
- One code/unit per level
 - First level 64479 or 64483
 - Second level 64480 or 64484

Paravertebral Joint Injections



Paravertebral Joint Injections

- Diagnostic
 - Double-comparative
 - Intra-articular
 - Block of medial branch nerves
 - Attempt to reproduce pain
 - Multiple blocks prior to diagnosis

Paravertebral Joint Injections

- Diagnostic blocks
 - Hypertrophic arthropathy causing back or neck pain
 - Post-trauma neck or back pain
 - Axial pain greater than apical pain
 - Post fusion back or neck pain associated with suspected motion segment instability, hypermobility or pseudoarthrosis

Paravertebral Joint Injections

- Therapeutic
 - Nerve Block considered if
 - Frequency of once per two months (or less)
- Initially
- $\geq 80\%$ - 90% pain relief
 - Relief of previous pain upon movement
- Continuing for minimum of six weeks
- $\geq 50\%$ of pain relief
 - Continued ability to perform previously painful movements

Paravertebral Joint Injections

- Therapeutic
 - Nerve Denervation considered if
 - Nerve block provide relief
 - Relief of pain is of short duration
 - Effects should last ≥ 6 months

Documentation Requirements

- Joint level(s) injected
- Pre and post procedural pain scores
- Degree and duration of pain relief
- Improvement in functional status
- Imaging confirmation of needle placement
- Denervation
 - Failed conservative treatment
 - Studies performed

Codes – Nerve Blocks

- 64490 – Injection(s), Diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance, cervical or thoracic; single level
- 64491 - cervical or thoracic; second level
- 64492 - cervical or thoracic; third and any additional level(s)
- 64493 - lumbar or sacral; single level
- 64494 - lumbar or sacral; second level
- 64495 - lumbar or sacral; third and any additional level(s)

CMS Coding Guidelines

Codes 64490 – 64495

- 64492 and 64495 once per day
- Bilateral surgery indicator of “1”
 - Same level 50
 - Different level LT or RT
- One code/unit per level
 - Level = joints not medial nerve branches
- T12-L1 level = 64493

Codes – Nerve Denervation

64622 – Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level

64623 - lumbar or sacral, each additional level

64626 - cervical or thoracic, single level

64627 - cervical or thoracic, each additional level

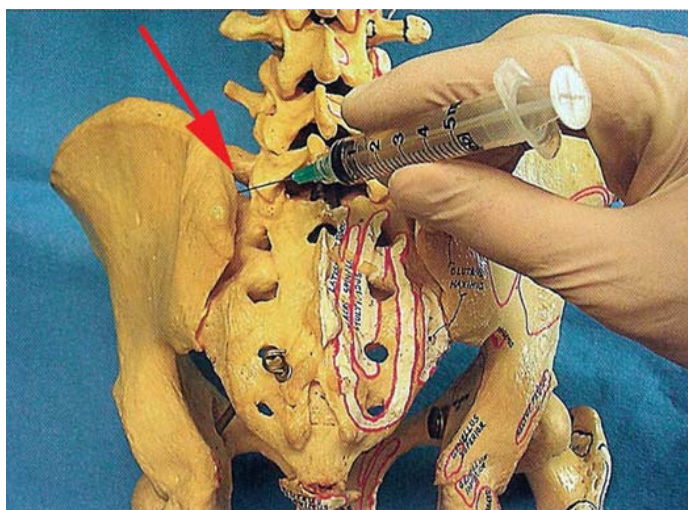
64999 – Unlisted procedure, nervous system

CMS Coding Guidelines

Codes 64622 - 64627

- Bilateral surgery indicator of “1”
 - Same level 50
 - Different level LT or RT
- One code per level
- Needle placement confirmation is integral to procedure
- Pulsed radiofrequency not covered

Sacroiliac Joint Injections



Sacroiliac Joint Injections

- Diagnostic
 - Determine pain source
 - Double comparative
- Therapeutic
 - Low back pain
 - Sacroiliac joint dysfunction

Documentation Requirements

- Results of prior
 - Conservative therapy
 - Noninvasive treatment
- Imaging confirmation of needle placement
- Results of previous SI injections

Codes

27096 – Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid

G0260 – Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography

CMS Coding Guidelines

Codes 27096 and G0260

- Not billable for “routine” SI injections
- Bilateral surgery indicator “1”
 - G0260 follows same guidelines
- One unit of service
- Imaging for needle placement is bundled
- G0260 – Only POS 24

Guidance Codes

77003 – Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures

77012 – Computed tomography guidance for needle placement, radiological supervision and interpretation

Guidance

- Procedure requiring guidance
 - Transforaminal epidural injections
 - Paravertebral joint/nerve injections
 - Paravertebral denervations
 - Sacroiliac joint injections

“Therefore, injections performed without imaging guidance will be considered inappropriate and not reasonable or necessary.”

Additional Information

Multiple different procedures same day

- Both are therapeutic
- Both effected structures contribute to pain
- Documentation supports both procedures
 - First injection assessed with incomplete pain relief
 - Multiple pain generators are present in patients requiring the stop of anticoagulants (V58.61)

Additional Information

- All procedures on one claim
- Item 19 of CMS-1500
 - Indicate level of injection or denervation
 - L4/5, or C3/4
 - Indicate diagnostic or therapeutic injection
 - dx or tx

Questions

Sources

CMS

LCD for Pain Management (L28529)

Article for Pain Management –

Supplemental Instructions Article (A48042)

Association of Pain Management

Anesthesiologists

eOrthopod www.eorthopod.com

AMA, Current Procedural Terminology 2011