

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

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Are You Reporting Paravertebral Facet Joint Nerve Destruction Correctly?

Over the years there has been some confusion about how to correctly report facet joint nerve destruction. The underlying question has been how to determine the units of service. Efforts to clarify this important question began with a change to the CPT® codes used to report this service.

Prior to 2012, the CPT codes were:

64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
+64623	Destruction by neurolytic agent, paravertebral facet joint nerve; 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

Effective for January 1, 2012, those codes were deleted and replaced with new codes:

64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
+64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
+64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint

In addition to bundling imaging guidance (by fluoroscopy or CT), the code descriptors more explicitly specify that the injection is per facet joint, not nerve.

The 2016 edition of CPT responds to concerns about continuing potential misreporting of these services. 2016 CPT includes new text to provide more precise information on how to properly report them:

“Report 64633, 64634, 64635 64636 per joint, not per nerve. Although two nerves innervate each facet joint, only one code may be reported for each joint denervated, regardless of the number of nerves treated. Use 64634 or 64636 to report each additional facet joint at a different vertebral level in the same spinal region.”

This additional information is intended to clear up any ongoing confusion in regard to the proper reporting of these services. The changes to these codes over the past few years are a good demonstration of how frequently coding rules can change. What remains unchanged is the need to stay current on all CPT revisions and clarifications to ensure your practice accurately codes services rendered.