

March 2020

**Staying Up to Date on Coding and Billing Information**

Using the most up to date coding and billing resources is something that all competent anesthesia and pain medicine coders and billers should know to do. We see reminders in every notice about updating CPT®, ICD-10-CM, Relative Value Guide® and CROSSWALK® resources. Depending on the circumstances, one missed update can end up costing a practice a lot of time – and money. With all the challenges we face in payment for professional healthcare services, the last thing anyone wants to do is create more issues – especially those that can be avoided!

One recent example of an important change is reporting a genicular nerve block. Prior to 2020, this procedure was reported with CPT code 64450 – *Injection, anesthetic agent; other peripheral nerve or branch* (2019 Descriptor). Even though a genicular nerve block requires injection of three (3) nerve branches, previous coding guidance stated that when used to describe a genicular nerve block, code 64450 was to be reported only one time. Use of ultrasound guidance was separately reportable with code 76942 - *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation*, with modifier 26 – Professional Component – appended as appropriate. Effective in 2020, there is a CPT code specific to this procedure: Code 64454 - *Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed*. Proper reporting of 64454 requires injections of the superolateral, superomedial and inferomedial genicular nerve branches. Imaging is not separately reportable.

A practice that did not implement this updated coding in a timely manner may have left some significant money on the table (see Table 1). This loss is compounded by the time it takes to correct and resubmit claims.

**Table 1: Genicular Block Reporting and Payment 2019 v 2020**

	<b>Code</b>	<b>Descriptor</b>	<b>Medicare Allowed Amount (facility)</b>	<b>Medicare Allowed Amount (non-facility)</b>
<b>2019</b>	64450	Injection, anesthetic agent; other peripheral nerve or branch	\$46.13	\$78.93
	76942-26	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$32.80	\$32.80
<b>2020</b>	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	\$85.17	\$218.34

2020 brought some changes that were not cash positive, eg, many of the somatic nerve blocks (CPT codes 64400 – 64450) lost work Relative Value Units (RVUs). Staying on top of all changes provides a potential means of mitigating some of those negative changes and avoiding instances of mis-reported services.

The CPT code set and the Medicare Physician Fee Schedule (MPFS) are updated annually with changes effective on January 1 of each year. However, it is important to stay informed about any updates or corrections that can take place throughout the year.

Category I CPT codes are updated annually. There are two release dates for Category III codes; the American Medical Association (AMA) provides semi-annual updates to the Category III codes. Updates posted to the AMA website each July become effective the following January and those posted in January become effective the following July. The schedule – including the date a Category III code is first included in the printed book – is available at <https://www.ama-assn.org/system/files/2019-12/vaccine-cat1-cat3-early-release.pdf>

Maintaining and updating the entire CPT code set and MPFS is a complex process and from time to time, things may be missed. CPT publishes errata, a listing of updates/technical corrections that conform to the official actions of the CPT Editorial Panel. This listing is found at <https://www.ama-assn.org/practice-management/cpt/errata-technical-corrections>

The Centers for Medicare & Medicaid Services (CMS) issues updates to the MPFS throughout the year as well. Your Medicare Administrative Contractor (MAC) will post notice about these updates which are also available from CMS as quarterly updates. See <https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update>

This is also a good opportunity to remind all that the [National Correct Coding Initiative](#) (NCCI) edits are also updated on a quarterly basis and of the need to review those edits for changes relevant to your practice.

Staying up to date on coding and billing resources is not a task with a definitive start/stop date. It is an on-going effort that will save both time and money.

American Society of **Anesthesiologists**<sup>®</sup>