



The Florida Academy of
PAIN MEDICINE
Integration & Innovation

ALERT ALERT

Dear Colleagues,

While paravertebral facet joint nerve destructions appear to see a slight reimbursement increase in 2012 as compared to 2011, both physicians and ambulatory surgery centers may take a hit in reimbursement when performing these injections. Gone are the days of reporting *per nerve*! Effective Jan. 1, 2012, paravertebral facet joint nerve destructions will no longer be reported per nerve. Instead, four new codes have been established to reflect the work and anatomical site involved when performing these destructions. Recall prior to 2012, the injection was reported *per nerve* at a single vertebral level. As of 2012, the injection will be reported *per facet joint*. According to the AMA, "It is important to note the number of nerves injected for a single facet joint does not affect code selection." (*AMA CPT Changes: An Insider's View 2012*)

Out with the old (deleted):

CPT code series 64622-64627 is deleted in 2012.

In with the new (replaced):

CPT code series 64622-64627 is replaced with CPT code series 64633-64636:

- **64633** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint (*new code in 2012*)
- **+64634** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure) (*new code in 2012*)
- **64635** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint (*new code in 2012*)
- **+64636** Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure) (*new code in 2012*)

Looks can be deceiving (reduction in reimbursement):

64622	Destr paravertebral nerve l/s	2011	\$495.72
	Destr paravertebral nerve l/s add-		
+64623	on	2011	\$294.00
64626	Destr paravertebral nerve c/t	2011	\$294.00
	Destr paravertebral nerve c/t		
+64627	add-on	2011	\$103.38
64633	Destr c/t facet jnt	2012	\$300.76
+64634	Destr c/t facet jnt addl	2012	\$105.14
64635	Destr l/s facet jnt	2012	\$516.47
+64636	Destr l/s facet jnt addl	2012	\$300.76

It may not appear to be a reduction until we report the *facet joint* regardless of the number of *nerves* destroyed. Let's compare:

In 2011: A patient undergoes a radiofrequency nerve destruction of two medial branch nerves L3 and L4 innervating the symptomatic lumbar facet joint. Reimbursement consideration is based upon the following code selections:

- 64622 — \$495.72 (approximate 2012 ASC reimbursement)
- 64623 — \$294.00 (approximate 2012 ASC reimbursement)

In 2012: A patient undergoes a radiofrequency nerve destruction of two medial branch nerves L3 and L4 innervating the symptomatic lumbar facet joint. Reimbursement consideration is based upon the following code selection:

- 64635 — \$516.47 (approximate 2012 ASC reimbursement)

Coding tips:

- Image guidance and localization are required for the performance of paravertebral facet joint nerve destruction by neurolytic agent described by 64633-64636.
- Do not report 64633-64636 in conjunction with 77003 or 77012). Both CPT 77003 and/or 77012 are considered inclusive to the injection procedure in 2012. *Note:* If CT or fluoroscopic imaging is *not* used/documented, report unlisted CPT code 64999.
- If both facet joints at the same vertebral level are treated, then CPT 64633 or 64635 should be reported with modifier -50 appended pending carrier reporting requirements for bilateral procedures (-50 versus RT/LT versus units).

Sincerely,
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