CPT Code Updates for 2011 for Anesthesiology & Pain Management

Stay up-to-date with new coding information, doing so will ensure less denials and more accurate, faster payments from payors.

Pain Management:

Urine Drug Screens:
New CPT Code:
80104 - Drug Screen, qualitative; multiple drug classes other than chromatographic method, each procedure
Previously providers were billing 80101 for each class of drugs tested.
Providers will now bill CPT 80104 once regardless of the number of drugs or class of drugs tested on a single strip.
For Medicare see G0434.

Transforaminal Injections:
Effective 01/01/2011, CT and Fluoroscopic guidance will be bundled into all of the transforaminal injection codes and will no longer be separately billable.

RVU Comparison:
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 (List separately in addition to code for primary procedure)
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 (List separately in addition to code for primary procedure)

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>2010 RVUs</th>
<th>2011 RVUs</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Non-Facility* (11)</td>
<td>Facility* (not 11)</td>
</tr>
<tr>
<td>64479</td>
<td>7.24</td>
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<td>77003</td>
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<td>.79</td>
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</table>

*NOTE: Non-Facility indicates practice billing Place of Service 11 (office).
Facility indicates practice billing Place of Service other than 11.
77003 if performed in Non-Facility is total component; if performed in Facility is equivalent to 77003-26.

**NOTE: The 2011 RVU values are supposed to include the (formerly in 2010 separately billable) fluoroscopy guidance code of 77003-26.
The 2011 RVU value for 77003-TC technical component only is .97.

Anesthesia:

Anesthesia for interventional pain procedures:
The ASA has reiterated its position on anesthesia for interventional pain management procedures.
In this statement the ASA states that the majority of minor pain procedures under most circumstances do not require anesthesia care other than local anesthesia and include the procedures listed on the next page along with a couple of others. The ASA actually took this position back in 2005 but amended their statement in October of 2010.
This entire statement can be found at the following link:
http://www.asahq.org/For-Members/Clinical-Information/~/media/For%20Members/documents/Standards%20Guidelines%20Stmts/Anesthetic%20Care%20During%20Interventional%20Pain%20Procedures.ashx
This position is now reinforced with changes in the 2011 Crosswalk published by the ASA. The following procedures will no longer have anesthesia codes linked to them and will state

****Anesthesia Care Not Typically Required****

2011 assigned no base units for ASA Crosswalk codes associated with:

- 62273 - Epidural blood patch
- 62310 - Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast, 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, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar or sacral
- 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
- 62319 - Injection, including catheter placement, continuous infusion, or intermittent bolus, not including neurolytic substances, with or without contrast, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar or sacral
- 64405 - Injection, anesthetic agent; greater occipital nerve
- 64490 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
- 64493 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

The Crosswalk does still leave ASA codes tied to the transforaminal epidural injections codes of 64479 (Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level) and 64483 (Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level).

It remains to be seen how these changes will affect the processing of anesthesia claims for these procedures. CMS has offered no additional information on this topic outside of what is published in some carriers LCD (Local Coverage Determination) policy for MAC (Monitored Anesthesia Care). Not all states have an LCD policy regarding monitored anesthesia care, but for those who do (i.e., Trailblazers) the ASA codes associated with these claims do fall within this policy and are subject the medical necessity requirement outlined in the policy. Louisiana (Pinnacle) LCD Policy #AC-02-053 was retired in 2008; CMS does not have a NCD (National Coverage Determination) policy regarding monitored anesthesia care.

Anesthesia for platelet rich plasma injection:

This procedure was actually assigned a Category III Code (otherwise known as a temporary code) in 2010. The effective date for use of the new code was 07/01/2010. Per an email correspondence from the ASA, groups providing anesthesia services for this procedure are to use the unlisted anesthesia code of 01999. The ASA welcomes any feedback to consider changes for the 2012 edition of the Crosswalk.

0232T - Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed.

Source: Medical Management Professionals; www.mmpanesthesiology.com