## Assigning Nervous Procedure Codes

### Skull, Meninges, and Brain

Given below are some skull, meninges, and brain procedures with their examples and codes:

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Description and Coding Guidelines</th>
</tr>
</thead>
</table>
| Punctures, Twist or Burr Holes    | These procedures deal with conditions that often require a hole to be made in the brain to do the following:  
  - Relieve pressure  
  - Inject material  
  - Drain a hemorrhage  
  - Place a tube or monitoring device  
  A puncture through the top portion of the skull is called a ventricular puncture while a cisternal puncture is an approach at the base of the skull.  
  The code ranges for these procedures are 61000 – 61070 and 61105 – 61253.                                                                                     |
| Craniectomy or Craniotomy         | These procedures require an incision in the skull and the potential removal of a portion of the skull for surgical purposes. The code range for these procedures is 61304 – 61576. Codes for these procedures are assigned on the basis of site and condition.  
  Many of these procedures are bundled into one, and the coder needs to be careful to ensure that procedures are not unbundled or incorrectly reported as separate procedures.  
  Example: Evacuation of subdural hematoma by craniotomy, supratentorial approach. In the Nervous System subsection, you would look under Skull, Meninges and Brain, then Craniectomy or Craniotomy. The code that you would find is 61314, which includes subdural.  
  Additional grafting procedures for the repair of damage to the skull are reported separately.                                                                 |
| Surgery of Skull Base             | These procedures are extremely involved and take a very long time to complete, for example, removing a lesion from the base of the skull. These procedures are divided by approach procedure: the procedure used to expose the lesion (definitive procedure), what was done to the lesion, and then the reconstruction or repair |

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procedure. The code range for these procedures is 61580 – 61619.

If one physician performed both the approach procedure and the definitive procedure, both would be reported and modifier -51 would be appended to the less resource intensive procedure (listed second).

Codes for the repair and/or reconstruction of surgical defects are reported separately only if the medical record states that the repair was extensive.

<table>
<thead>
<tr>
<th>Aneurysm, Arteriovenous Malformation, or Vascular Disease</th>
<th>Aneurysms can occur in the brain and may require surgical repair. Arteriovenous Malformation is often a congenital condition where the veins and arteries are not located in their proper anatomic position. These codes are divided based on the method and approach to the procedure. The code range for the procedures to treat these conditions, including vascular disease, is 61680 – 61791.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebrospinal Fluid (CSF) Shunts</td>
<td>A drainage device is inserted to permit fluid to move from one area to another, when the body is not able to move the fluid on its own. The code range for the cerebrospinal shunts is 62180 – 62258. The codes for these procedures include codes for the various types of shunting, including placement of the device, repair of an existing device, replacement, or removal.</td>
</tr>
</tbody>
</table>
Spine and Spinal Cord

Spine and spinal cord procedures include injections, laminectomies, excisions, repairs, and shunting. These codes are distinguished based on the condition and the approach, which in turn determine the complexity of the procedure. The condition for which the spinal cord is being treated determines the complexity of the procedure.

For example, a patient with a neoplastic growth at L5-S1 will require more time in surgery than a patient with a herniated disc in the same area.

The approaches are distinguished based on the time and expertise required. The approach can be anterior or posterior while the procedure itself can be unilateral or bilateral. It is essential for you to know all of these details while assigning codes for a procedure from this section.

Lumbar Puncture

A lumbar puncture, also known as a spinal tap, is the procedure to obtain cerebrospinal fluid. The fluid is obtained by inserting a needle in the subarachnoid space in the lumbar region, as is illustrated in the figure alongside. The code for lumbar puncture is 62270.

Destruction by Neurolytic Agents

Destruction using a neurolytic agent includes the following:

- chemical denervation,
- radiofrequency, or
- cryogenic surgery

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
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<tbody>
<tr>
<td>62280</td>
<td>Subarachnoid injection/infusion of a neurolytic agent</td>
</tr>
<tr>
<td>62281 and 62282</td>
<td>Epidural injection/infusion of a neurolytic agent</td>
</tr>
<tr>
<td></td>
<td>Code 62281 is reported when the neurolytic substance is injected/infused into the cervical or thoracic region.</td>
</tr>
<tr>
<td></td>
<td>Code 62282 is reported when the neurolytic substance is injected/infused into the lumbar subarachnoid space.</td>
</tr>
</tbody>
</table>
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

Common procedures carried out on nerves include the following:

- In\_jection
- Destruction
- Decompression
- Suture/Repair

These procedures are reported using codes from the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System subheading (64400 – 64999).

<table>
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<th>Procedure</th>
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<tbody>
<tr>
<td>64400 – 64530</td>
<td>These codes are assigned based on the nerve being injected. In order to cause a temporary loss of feeling, anesthetic agents can be injected in the space around the nerves.</td>
</tr>
<tr>
<td>64600 – 64640, 64680 – 64681</td>
<td>These codes are used to report the type of nerve being injected to cause destruction of the nerve and permanent loss of feeling.</td>
</tr>
<tr>
<td>64072 – 64727</td>
<td>These codes are used to report the decompression of nerves.</td>
</tr>
<tr>
<td>64831 – 64876, 64885 – 64911</td>
<td>These codes are used to report nerve repairs, based on the specific nerve under repair. These codes are used to report nerve repairs done by nerve grafting, vein grafting, or conduit.</td>
</tr>
</tbody>
</table>

Here are some examples of types of nerve blocks (injections of anesthesia) to relieve pain.

- Brachial plexus block (64415-16) for upper extremity pain
- Ilioinguinal block (64425) for pain in the pelvis area
- Intercostal nerve block (64420-21) for pain in any of the 12 sets of nerves traveling between the spine and the rib cage
- Stellate ganglion block (64510) for sympathetic pain of the head or neck
- Paravertebral nerve block (64490-92) for pain in the cervical, thoracic, or lumbar regions

**Example**

One method for relieving the pain of the back is the lumbar-sacral paravertebral facet joint block (64490 – 64495).

The procedure for this includes the following steps:

1. Under fluoroscopic guidance, a needle is placed in the facet joint.
2. A local anesthetic agent is injected.
3. After the pain is controlled, the patient is asked to carry out activities which would otherwise aggravate the pain.

If the patient experiences an increase in pain, appropriate treatment is applied to the facet joint (in this case, the source of the pain).