Operative Report

PREOPERATIVE DIAGNOSIS:
1. Lumbar facet joint arthropathy pain syndrome.
2. Lower extremity paresthesias.
3. Left focal T12–L1 disc protrusion.

POSTOPERATIVE DIAGNOSIS:
1. Lumbar facet joint arthropathy pain syndrome.
2. Lower extremity paresthesias.
3. Left focal T12–L1 disc protrusion.

OPERATION PERFORMED:
1. Bilateral L3 lumbar facet joint medial branch blocks.
2. Bilateral L4 lumbar facet joint medial branch blocks.
3. Bilateral L5 lumbar facet joint medial branch blocks.
4. Bilateral S1 lumbar facet joint medial branch blocks.
5. Fluoroscopic guidance and localization

ANESTHESIA: Local

CONSENT: The patient was brought to the operating room and risks of the procedure, including infection, allergic reaction, hemorrhage, spinal headache, seizures, as well as possible death were explained to the patient. The patient understood the risks, elected to proceed, and a consent form was signed.

TECHNIQUE: The patient was placed on the fluoroscopy table in the prone position and the bilateral L3, L4, L5, and S1 facet joint medial branch nerves were identified under fluoroscopic visualization and appropriate starting locations were marked on the skin. All areas were then prepped and draped in the usual sterile fashion and subsequently infiltrated with 2% lidocaine carried down into the subcutaneous tissues.

Under fluoroscopic guidance, 3 1/2 inch 22-gauge curved-tipped spinal needles were placed bilaterally at the L3, L4, L5, and S1 levels, with their tips reaching the junctures of the transverse process attachments, with the vertebral bodies in the superior aspect of the regions known to contain the medial branches to the facet joints. The amount of 0.25 cc of Depo-Medrol, followed by 1.0 cc of 0.25% of Bupivacaine, was injected through each of the needles. The needles were then removed.

The patient tolerated the procedure without complication reporting 80% relief of her back pain at the completion of the procedure. The patient was advised not to operate motor vehicles for 24 hours, and was given strict worsening precautions; including possible development of decreased level of alertness, bladder and bowel difficulty, spinal headache, lower extremity coordination or weakness, and to contact myself or seek evaluation at the nearest emergency department should any of these symptoms develop. The patient was instructed to follow-up with me in two weeks in Neurosurgery Clinic.

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Diagnoses are lumbar facet arthropathy pain syndrome, lower extremities paresthesia's, left focal T12–L1 disc protrusion.

Planned procedures are bilateral L3, L4, L5, and S1 lumbar facet joint medial branch blocks.

Fluoroscopic guidance performed.

Verificiation of fluoroscopic guidance.
Placement of the needles bilaterally, and injection of Depo-Medrol and Bupivacaine performed through each of the needles at the L3, L4, L5, and S1 levels.

What are the CPT® and ICD-10-CM codes reported?

**CPT® Codes:** 64493-50, 64494 x 2, 64495 x 2

**ICD-10-CM Codes:** M46.96, M51.25

**Rationales:**

**CPT®:** In the CPT Index, look for Injection/Paravertebral Facet Joint/Nerve with Image Guidance, or Paravertebral Nerve/Injection/Therapeutic Agent, which refers to 64490 through 64495. When reviewing those codes, the selection is based on the site of the injection, which are the lumbar and sacral facet joints. Code 64493 is reported for the L3 facet joint injection, with modifier appended to indicate it was a bilateral procedure. For the L4 facet joint injection, report add-on code 64494. For the L5 and S1 facet joint injections, report add-on code 64495. There is a parenthetical note located under 64495 that states, “Do not report 64495 more than once per day”; another add-on code 64495 will not be reported. Modifier 50 will not be appended to add-on codes 64494 and 64495 when performed bilaterally. There is a parenthetical note above code 64490 that indicates to report add-on codes 64494 and 64495 twice when performed bilaterally. Modifier 51 is also not appended because they are add-on codes.

**ICD-10-CM:** For the first diagnosis look in the ICD-10-CM Alphabetic Index for Arthropathy, directs you to see also Arthritis. Go to Arthritis/vertebral (any site) directs you to see Spondylopathy/inflammatory/lumbar region, referring you to M46.96. Verify code in the Tabular List.

For the left focal T12–L1 disc protrusion, in the ICD-10-CM Alphabetic Index, look for Protrusion/intervertebral disc, directs you to see Displacement, intervertebral disc. Go to Displacement/intervertebral disc/thoracolumbar region, referring you to M51.25. Verify code in the Tabular List.

For the lower extremity paresthesia or numbness and/or tingling, it is a symptom of the displaced vertebral disk and not reported separately. According to the ICD-10-CM Official Coding Guidelines, Chapter 17, a symptom should only be reported if a definitive diagnosis has not yet been established.