

# Blue shield billing guidelines for 64450

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**What is the billing guideline for 64450?** Looking at the lateral branch nerve is a peripheral nerve and would be reported with CPT code 64450, Injection, anesthetic agent; other peripheral nerve or branch, when a lateral branch nerve block is performed. Please note: CPT code 64450 should only be reported per nerve or branch and not per injection.

**Is CPT 64450 covered by Medicare?** Medicare no longer allows billing of code 64450 (peripheral nerve block).

**What is insurance code 64450?** The Current Procedural Terminology (CPT®) code 64450 as maintained by American Medical Association, is a medical procedural code under the range - Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Somatic Nerves.

**What is the ICD 10 code for CPT code 64450?**

**Can you bill 77002 with 64450?** South Carolina Subscriber Answer: You can report 64450 (Injection, anesthetic agent; other peripheral nerve or branch) with 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) under certain conditions.

**Can CPT 64450 be billed with 76942?** Answer: For Medicare patients, you shouldn't separately report 64450 (Injection, anesthetic agent; other peripheral nerve or branch) with 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach) and 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization ...

**Is a nerve block covered by insurance?** Be aware that, like every procedure, there can be potential for bleeding, infection, damage to surrounding tissues, and the possibility that it may not work as intended. A nerve block is usually covered by insurance.

**How do you bill for nerve blocks?** 1. Can I bill for Digital Nerve Blocks? For payers following CPT guidelines, this service, code 64450 (Injection, anesthetic agent and/or steroid; other peripheral nerve or branch) or any other type of nerve block is not separately coded when performed as a component of a surgical procedure (e.g., laceration repair).

**What is a 59 modifier used for in medical billing?** For the NCCI, the primary purpose of CPT® modifier 59 is to indicate that two or more procedures are performed at different anatomic sites or during different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes.

**What is a CPT code for insurance billing?** Current Procedural Terminology (CPT®) codes provide a uniform nomenclature for coding medical procedures and services.

**What is the Hcpcs code for nerve protector?** HCPCS Code for Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length C9353.

**What is the billing code for pain management?** CCM Evaluation and Management Chronic Pain management is billed with codes 99490-99491, and complex care services are billed with codes 99487- 99489.

**How do I bill 64450?** Code 64450 is reported for the diagnostic or therapeutic introduction or injection of an anesthetic agent in a peripheral nerve or branch.

**Which CPT code should be reported for fluoroscopic guidance for needle placement with 64450?** Wiki Nerve blocks (64400 - 64450) with fluoroscopic guidance 77002.

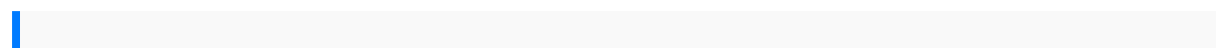
**Does Medicare cover 64454?** Pain (CPT Codes 64454, 64624, and 64999) Medicare does not have a National Coverage Determination (NCD) for genicular nerve block to treat chronic knee pain.

**How do you bill for a genicular nerve block?** 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.

**How do you bill a carpal tunnel injection?**

**How do you bill for nerve blocks?** 1. Can I bill for Digital Nerve Blocks? For payers following CPT guidelines, this service, code 64450 (Injection, anesthetic agent and/or steroid; other peripheral nerve or branch) or any other type of nerve block is not separately coded when performed as a component of a surgical procedure (e.g., laceration repair).

**What is 64483 and 64484 billing guidelines?** CPT codes 64479 and 64483 are used to report a single level injection. CPT codes 64480 and 64484 represent each additional level, respectively and should be reported separately in addition to the primary procedure when applicable.



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