

# Blue shield billing guidelines for 64400

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**What is procedure code 64400?** Code. Description. 64400. INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRIGEMINAL NERVE, EACH BRANCH (IE, OPHTHALMIC, MAXILLARY, MANDIBULAR)

**What are 64405 billing guidelines?** The Current Procedural Terminology (CPT®) code 64405 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 are 64415 billing guidelines?**

**What is CPT code 64450 billing guidelines?** Code 64450 is reported for the diagnostic or therapeutic introduction or injection of an anesthetic agent in a peripheral nerve or branch.

**Does CPT 64400 need a modifier?** For any single unilateral injection into a specific anatomically-distinct nerve, bill 64400, but, if you inject more than one site, such as, the supraorbital and auriculotemporal nerve, you bill for each separate location with modifier 59. This modifier flags each location as a distinct procedural service.

**How to bill for anesthesia services?** All codes are billed with a unit of 1 in the Service Units field (Box 46) except the anesthesia time (code 00140 with modifier P1). Time units for anesthesia are calculated in 15-minute increments: 60 minutes (total anesthesia administration time) divided by 15 minutes is 4 units.

**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 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.

**Are nerve blocks covered by Medicare?** Medicare Coverage for Genicular Nerve Block Your Medicare benefits may cover the cost of a genicular nerve block procedure if you have not gotten successful knee pain relief from more conservative therapies in the past, and your health care provider uses it diagnostically to determine your condition.

**Does 64445 need a modifier?** The revised edit allows nerve blocks (62310, 62311, 62318, 62319, 64415, 64416, 64445, 64446, 64447, 64448, 64449 and 64450) for post-operative pain for shoulder and knee orthopedic procedures only, and the nerve blocks should be billed with procedure modifier -59, indicating a distinct procedural service.

**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.

**What is the modifier for 64415?** 64415-Injection, anesthetic agent; brachial plexus, single. Modifier 59-Distinct Procedural Service.

**What is the CPT code 64400?** CPT® Code 64400 - Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Somatic Nerves - Codify by AAPC.

**Can CPT code 64450 be billed multiple times?** Please note: CPT code 64450 should only be reported per nerve or branch and not per injection.

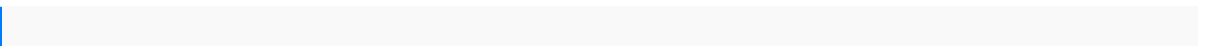
**What is medical billing code 64483?** 64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level.

**What is CPT code 64400 64530?** CPT codes 64400 thru 64530 are for use in billing diagnostic or therapeutic injections of anesthetic agents only. These codes are not reimbursable for the administration of electrical current, electrons, microwaves or other energy forms into the body.

**What is CPT code 64490?** For each initial, single level injection, diagnostic or therapeutic, performed with image guidance (fluoroscopy or CT), use code 64490 (cervical or thoracic) or code 64493 (lumbar or sacral).

**Is CPT 64483 a surgery code?** CPT codes 64479 and 64483 are used to report a single level injection performed with image guidance (fluoroscopy or CT).

**What is the procedure code for trigeminal nerve block?** CPT 64400 (Injection, anesthetic agent; trigeminal nerve, each branch (i.e., ophthalmic, maxillary, mandibular) can be coded when performing associated dental nerve blocks.



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