

## Pain Management Coding Alert

### Featured Condition: CRPS: Master CRPS Intricacies With This FAQ

#### Knowing synonyms for CRPS I, II is vital.

With a name like complex regional pain syndrome (CRPS), it's pretty likely that you'll see your share of CRPS patients at your PM clinic. It might also be complex and frustrating, though not physically painful, to code the condition.

**Why?** How can you tell between the two different types of CRPS? What treatments are there for CRPS? How about ICD-10 coding? You'll need to answer all these questions in order get all the aspects of CRPS treatment coding down pat.

**Help's here:** For the straight dirt on CRPS, we sat down with **Toni Elhoms, CCS, CRC, CPC, AHIMA-Approved ICD-10-CM/PCS Trainer**, Chief Executive Officer Alpha Coding Experts, LLC, in the Orlando, Florida area. Here's what she had to say:

#### **Q: Could you explain the difference between CRPS I and CRPS II? How can coders identify the difference in encounter notes, if it isn't spelled out?**

**A:** "The biggest difference is that CRPS I does not include damage to the nerves. CRPS II involves nerve injury. CRPS I is the most prevalent type (90% of all cases of CRPS) and is commonly referred to in clinical documentation as reflex sympathetic dystrophy syndrome (RSD).

"CRPS II is commonly referred to in clinical documentation as causalgia. Coders should look for any references or indications of nerve damage, which would support CRPS II."

#### **Q: What types of treatments/procedures might the provider perform for CRPS patients?**

**A:** Evaluation and management (E/M) codes and prescriptions.

- Sympathetic nerve blocks: 64510 (Injection, anesthetic agent; stellate ganglion (cervical sympathetic)) through 64520 (... lumbar or thoracic (paravertebral sympathetic)).
- Epidural Steroid Injections (ESIs): 62320 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance) through 62327 (Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)).
- Spinal cord stimulator: 63650 (Percutaneous implantation of neurostimulator electrode array, epidural) through 63688 (Revision or removal of implanted spinal neurostimulator pulse generator or receiver).
- Physical and mirror therapy: 97110 (Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility) through 97140 (Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes).
- Biofeedback: 90901 (Biofeedback training by any modality).

#### **Q: Could you provide an example in which the provider treats/diagnoses CRPS I in a patient?**

**A:**

**CC:** Patient presents with right upper extremity pain

**HPI:** Patient presents with right arm pain from the elbow to the wrist. Pain is severe with 7/10 pain level. Patient describes the pain as burning, continuous, and similar to electrical shock. Patient has history of traumatic fractures to the right elbow and wrist 3 years ago.

**Assessment:** CRPS I due to traumatic elbow and wrist fractures 3 years ago

**Plan:** Patient to receive right cervical sympathetic nerve block to provide pain relief.

**CPT® Code:** 64510 (Injection, anesthetic agent; stellate ganglion (cervical sympathetic)) - RT (Right side).

**ICD-10 Code:** G90.511 (Complex regional pain syndrome I of right upper limb)."

**Q: Could you provide an example in which the provider treats/diagnoses CRPS II in a patient?**

**A:**

**CC:** Patient presents with left lower extremity pain

**HPI:** Patient presents with left leg pain radiating from the femur to the ankle. Pain is severe with 9/10 pain level. Patient describes the pain as burning, constant and states his leg tremors and jerks. Past medical history of crushing injury to LLE 1 year prior with nerve damage recorded at the time of injury.

**Assessment:** CRPS II due to LLE crushing injury 1 year ago **Plan:** Patient to receive sacral ESI injection with fluoro to provide pain relief.

**CPT® Code:** 62323 (Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT))

**ICD-10 Code:** G57.72 (Causalgia of left lower limb).