Codify
BY AAPC

Pain Management Coding Alert

Reader Question: Keep These 64447 Edits In Mind When Coding

Question: Our provider uses ultrasound guidance when administering a postoperative nerve block after total knee replacement surgery. We have a written request from the surgeon for the nerve block and the ultrasound guidance. We are coding 27447, 64447-59, and 76942-26. Medicare is denying the claims as "not medically necessary." Can you help us with this?

Rhode Island Subscriber

Answer: Coding edits classify 64447 (Injection, anesthetic agent; femoral nerve, single) as a Column 2 code for 27447 (Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing [total knee arthroplasty]). You are not allowed to bill these codes together under any circumstances, even if you append a modifier such as 59 (Distinct procedural service).

Your final claim should include 27447 and 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], imaging supervision and interpretation) with modifier 26 (Professional component).