Coding Companion for Neurosurgery/Neurology

A comprehensive illustrated guide to coding and reimbursement
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**Explanation**
The physician releases the tarsal tunnel, decompressing the posterior tibial nerve. The tarsal tunnel is located on the inside of the ankle. A curved incision is made along the inner ankle, behind the medial malleolus. Dissection is carried down to expose the flexor retinaculum. The retinaculum is carefully released along the tunnel. The posterior tibial nerve is identified by blunt dissection and traced as it courses down through the tarsal tunnel. Three branches of the posterior tibial nerve are also traced at the point. Once the posterior tibial nerve and its terminal branches are released, the nerve is inspected to see if any other constrictions are present. The incision is closed layers without closing the retinaculum.

**Coding Tips**
For decompression of other nerve entrapments of the foot, see 64704 and 64722. According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure.

**Terms To Know**

**Blunt dissection.** To expose or separate along natural cleavage lines, without cutting.

**Closure.** To close an incision or wound by suture or other means.

**Decompression.** Release of pressure.

**Incision.** Act of cutting into tissue or an organ.

**Posterior.** Located in the back part or caudal end of the body.

**Release.** Disconnection of a tendon or ligament.

**HCPCS Level II**
HCPCS Level II codes are used to report the supplies, durable medical equipment, and certain medical services provided on an outpatient basis. Because the procedure(s) represented on this page would be performed in an inpatient or outpatient facility, no HCPCS Level II codes apply.

**ICD-9-CM Procedural**
04.44  Release of tarsal tunnel

**Anesthesia**
28035  01470

**ICD-9-CM Diagnostic**
355.5  Tarsal tunnel syndrome

**Clinical Definitions**

**Constriction.** A narrowed or squeezed portion of a tubular or luminal structure, such as a duct, vessel, or tube (e.g., esophagus).

**Flexor.** Muscle/tendon that bends or flexes a limb or part as opposed to extending it.

**Tarsal bones.** The seven bones that make up the ankle and heel consisting of the posterior talus and calcaneus, the anterior cuboid, navicular, and three cuneiform (medial, intermediate, and lateral) bones.

**Tarsal tunnel syndrome.** Entrapment or compression of the posterior tibial nerve, causing tingling, pain, and numbness in the sole of the foot.

**CCI**
01470, 01995, 11011-11012*, 20550-20553, 29425, 29515, 29540, 36000, 36410, 37202, 62318-62319, 64415-64417, 64450-64470, 64475, 64704, 64722, 69990, 90780, J2001

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.

**Medicare Edits**
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<td>Non-Fac</td>
<td>RVU</td>
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<tr>
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**Medicare References:** 100-2, 15, 260; 100-4, 12, 90.3; 100-4, 14, 10.
0003T 0003T  Cervicography

**Explanation**

Cervicography is a system of cervical cancer screening that uses a static photographic image of the ectocervix, taken with a specially designed camera for evaluation purposes and to provide photo documentation. The physician inserts a speculum for visualization of the cervix. A Pap smear is obtained and the cervix is cleaned using an acetic acid solution; any bleeding is stopped and discharge removed from the posterior fornix. The physician views the cervix through the camera, noting obstructions and observing the acetic acid effect on the epithelium. A second application of acetic acid solution is applied. Adjustments are made and obstructions are removed, including blood, mucus, hair, or excessive pooling of the acetic acid in the posterior fornix. Two images are taken within 30 seconds of the second application of the acetic acid solution. If the acetic acid effect wears off, the physician reapplies the solution and takes the remaining images. A negative evaluation means that no lesion was visible to the evaluator and if a lesion does exist, it may be in the endocervical canal.

**Coding Tips**

For cervical or vaginal (PAP) smear, see 88141-88155, 88164-88167.

0018T 0018T  Delivery of high power, focal magnetic pulses for direct stimulation to cortical neurons

**Explanation**

Transcranial magnetic stimulation (TMS) is a technique to stimulate the brain by electromagnetic induction with a coil placed on the scalp. For direct stimulation to cortical neurons, a strong magnetic field pulse is generated over the patient’s scalp to activate cortical neurons in the brain. This procedure has been applied to activate neuronal processes and to disturb the normal operation of the brain.

**Coding Tips**

For magnetoencephalography (MEG), recording and analysis for spontaneous brain magnetic activity, see 95965-95967.

0027T 0027T  Endoscopic lysis of epidural adhesions with direct visualization using mechanical means (eg, spinal endoscopic catheter system) or solution injection (eg, normal saline) including radiologic localization and epidurography

**Explanation**

Epidural adhesions are lysed endoscopically with direct vision using mechanical means or solution injection. The patient is mildly sedated and placed prone with a pillow under the abdomen. The site to be entered is sterilized and a local anesthetic is administered. Contrast medium is injected under fluoroscopy through a needle inserted into the floor of the canal for identification of nerve roots, fat, and adhesions. A guidewire is placed through the needle and threaded cephalad. The needle is removed and the canal passage is widened with a scalpel. A dilator and sheath are passed over the wire and then the dilator and guidewire are removed. The sheath is flushed with saline. A hand-controlled fiberoptic catheter system is passed through the sheath and the epidural space is distended with normal saline. The tip of the catheter is directed to adhesive bands that are tethered to adjacent tissues with intermittent distention and irrigation. Once the adhesiolysis is complete, an epidurogram is repeated. Depo-Medrol and lidocaine with normal saline may be injection for additional adhesiolysis. The catheter system is removed and the wound is dressed.

0029T 0029T  Treatment(s) for incontinence, pulsed magnetic neuromodulation, per day

**Explanation**

Pulsed magnetic neuromodulation is used to treat incontinence. This treats urinary incontinence by strengthening the pelvic floor muscle through stimulating the muscle with extracorporeal magnetic innervation (ExMI) therapy. The patient is seated fully clothed in a Neocontol chair with a magnetic field therapy head in the seat. A rapidly pulsing magnetic field flows through skin, fat, and even bone and induces depolarization of the nerves, which leads to contraction of the pelvic floor muscles. The frequency and strength of the magnetic field can be adjusted to regulate the contraction rate of the muscles. Treatment lasts for 20 minutes and is usually performed twice a week for six weeks. This code is used for treatment per day.

0041T 0041T  Urinalysis infectious agent detection, semi-quantitative analysis of volatile compounds

**Explanation**

This test is a routine rapid screening of urine specimens for significant bacteriuria. Volatile compounds (compounds that evaporate quickly) are detected and analyzed by using a selection of four conducting polymer sensors. Each sensor works together with different adsorbed unpredictable chemicals, depending on their size, shape, and functioning group. Method is usually automated, with a headspace analyzer.

0062T-0063T 0062T  Percutaneous intradiscal annuloplasty, any method, unilateral or bilateral including radiologic localization and epidurography

**Explanation**

Percutaneous intradiscal annuloplasty is a minimally invasive technique performed under fluoroscopic guidance that is used to treat small tears in the annulus without an associated disc protrusion. The most common technique is intradiscal electrothermal therapy (IDET) but other techniques may also be used. In IDET, the physician advances a needle into the disc using x-ray image guidance. The appropriate treatment catheter is selected and inserted through the needle. Once the catheter is in position, the temperature of the heating portion of the catheter is increased gradually, raising the temperature of the affected site. The increased heat contracts and thickens the collagen disc wall, which may result in contraction and closure of the tears in the annulus. The physician may perform the procedure on one (unilateral) or both (bilateral) sides of the disc. Report 0062T when a single level is treated and 0063T for one or more additional levels.

**Coding Tips**

These codes are new for 2005. As an 'add-on' code, 0063T is not subject to multiple procedure rules. No reimbursement
A

A Vitamin, 84590
Abdomen, Abdominal
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Burrhole, 61150
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