

Pain Medicine

Schedule of Benefits
for Professional Fees

ARTHROCENTESIS/ INJECTIONS

| Code | Description | Pre-Approval Required | Payment Rules |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 4332 | Arthrocentesis, aspiration and/ or injection; small joint, bursa or ganglion cyst (e.g. fingers, toes) (I.P.) | No | |
| 4333 | Arthrocentesis, aspiration and/ or injection; intermediate joint, bursa or ganglion cyst (e.g. temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa) (I.P.) | No | |
| 4334 | Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.) | No | |
| 5624 | Injection, anaesthetic agent, intercostal nerve, single (I.P.) | No | |
| 5625 | Injection, anaesthetic agent, intercostal nerve, multiple, regional block (I.P.) | No | |
| 174334 | Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.) - 2 aspirations / injections in same episode | No | |
| 174335 | Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) (I.P.) - 3 or more aspirations / injections in same episode | No | |
| 304332 | Arthrocentesis, aspiration and/ or injection; small joint, bursa or ganglion cyst (e.g. fingers, toes) , including ultrasound guidance (I.P.) | No | |
| 304333 | Arthrocentesis, aspiration and/ or injection; intermediate joint, bursa or ganglion cyst (e.g. temporomandibular acromioclavicular, wrist, elbow or ankle, olecranon bursa) including ultrasound guidance (I.P.) | No | |
| 304334 | Arthrocentesis, aspiration and/ or injection; major joint or bursa (e.g. shoulder, hip, knee joint, subacromial bursa) including ultrasound guidance (I.P.) | No | |

EEG

| Code | Description | Pre-Approval Required | Payment Rules |
|------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 5905 | Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation and placement of sphenoidal electrodes | No | |
| 5906 | Video telemetric electroencephalogram (EEG) recordings including full clinical evaluation following placement of sub dural electrodes | No | |

EMG

| Code | Description | Pre-Approval Required | Payment Rules |
|------|------------------------------------------------------------------|-----------------------|---------------|
| 5880 | Electromyography (EMG) | No | |
| 5881 | Electromyography (EMG) study, rectal mucosal sensitivity testing | No | |

EPIDURAL

| Code | Description | Pre-Approval Required | Payment Rules |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 3540 | Epidural injection (I.P.) | No | |
| 3541 | Caudal epidural (I.P.) | No | |
| 3542 | Epidural injection, of anaesthetic substances and/ or therapeutic substances, diagnostic or therapeutic under radiological guidance one or more levels at the same session (I.P.) | No | |
| 3545 | Epidural infusion with cannula | No | |

IMPLANTABLE PUMPS

| Code | Description | Pre-Approval Required | Payment Rules |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5038 | Refilling and maintenance of implantable pump or reservoir including access to pump port (I.P.) | No | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 5039 | Implantation of catheter system and reservoir; tunnelled, intrathecal or epidural catheter for long term medication administration via an external pump or implantable reservoir/ infusion pump (I.P.) | No | |
| 5042 | Removal of subcutaneous implantable pump (does not apply to removal of CVC) (I.P.) | No | |

NERVES

| Code | Description | Pre-Approval Required | Payment Rules |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 5586 | Destruction by neurolytic agent (chemodenervation of muscle endplate); muscles enervated by facial nerve (e.g. for blepharospasm, hemifacial spasm) | No | |
| 5606 | Implantation of neurostimulator electrodes, Vagus nerve | No | |

NERVES

| Code | Description | Pre-Approval Required | Payment Rules |
|------|---------------------------|-----------------------|---------------|
| 5610 | Sensory nerve, neurectomy | No | |
| 5622 | E.C.T. (each session) | No | |

NEURO STIMULATORS

| Code | Description | Pre-Approval Required | Payment Rules |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5043 | Removal of spinal neurostimulator pulse generator or receiver, or neurostimulator electrode percutaneous array(s) or plate/paddle(s) (I.P.) | No | |
| 5044 | Revision including replacement, when performed, or re-positioning of spinal neurostimulator electrode percutaneous array(s) or plate/ paddle(s); includes fluoroscopy (I.P.) | Yes | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 5051 | Replacement of spinal neurostimulator pulse generator or receiver direct or inductive coupling (I.P.) | Yes | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 5984 | Insertion of spinal cord stimulator - trial stage (I.P.) | Yes | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 5999 | Insertion of spinal cord stimulator - implantation stage (I.P.) | Yes | Your consultant knows that there are certain medical criteria that must be met when having this procedure in order for it to be covered under your plan. We urge you to discuss these directly with your consultant. |
| 636052 | Removal of implanted neurostimulator | No | |
| 636999 | Combined fee for insertion of spinal cord stimulator - trial and implantation stage on same day (I.P.) | Yes | |

PAIN BLOCK/ INJECTION

| Code | Description | Pre-Approval Required | Payment Rules |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------|
| 1220 | Botulinum injection for headaches and migraine | No | |
| 3543 | Percutaneous lysis of epidural adhesions using solution injection (e.g. hypertonic saline, enzyme) or mechanical means (e.g. catheter) including radiological localisation (includes local anaesthesia and contrast when administered), one or more sessions (I.P.) | No | This benefit is limited to 2 treatments per year |
| 5575 | Injection of trigeminal ganglion via foramen ovule under image guidance (I.P.) | No | |
| 5580 | Destruction by radiofrequency lesioning of trigeminal ganglion via foramen ovule under x-ray guidance via foramen ovule (I.P.) | No | |
| 5611 | Transforaminal injection of anaesthetic agent, assessment of response and application of steroid if indicated to medial branch nerve or dorsal root ganglion at one or more levels under image guidance (I.P.) | No | |
| 5615 | Peripheral nerve block for pain control using nerve stimulator or ultrasound guidance (I.P.) | No | |
| 5620 | Sympathetic block, under image guidance (I.P.) | No | |
| 5621 | Intravenous regional block/ sympathectomy by Bier's technique (I.P.) | No | |
| 5719 | Chemical sympathectomy, lumbar or coeliac plexus under image guidance (I.P.) | No | |

PULSED RADIOFREQUENCY

| Code | Description | Pre-Approval Required | Payment Rules |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 5612 | Pulsed radiofrequency (PRF) lesioning of medial branch nerve or dorsal root ganglion, one or more levels under image guidance with sensorimotor testing (I.P.) | No | |
| 5614 | Peripheral nerve lesioning including pulsed radiofrequency or electrical stimulation (I.P.) | No | |

RHIZOTOMY

| Code | Description | Pre-Approval Required | Payment Rules |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| 5616 | Per site - First/Initial only neurodestructive thermal rhizotomy (temperature > 69°C) under image guidance, with sensory and motor testing, three levels, lumbar, sacral or thoracic. Subsequent treatments of same site within 18 months, see code 5618 (I.P.) | No | |
| 5617 | Per site - First/Initial only neurodestructive thermal rhizotomy (temperature > 69°C) under image guidance, with sensory and motor testing, three levels, cervical. Subsequent treatments of same site within 18 months, see code 5619 (I.P.) | No | |
| 5618 | Subsequent procedure 5616 to the same anatomical site, one or more levels, lumbar, sacral or thoracic - less than 18 months after initial procedure (I.P.) | No | |
| 5619 | Subsequent procedure 5617 to the same anatomical site, one or more levels, cervical - less than 18 months after initial procedure (I.P.) | No | |