



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Anesthesia Services Codes

*Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and the [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information.*

For information about using these code tables, see the [Anesthesia Services](#) provider reference module.

Covered Procedure Codes for Certified Registered Nurse Anesthetists (CRNAs) (Specialty 094)

Reviewed/Updated: March 1, 2024

Procedure Code	Description
00100–01999 (valid, IHCP-covered codes only)	Anesthesia codes
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
20551	Injection(s): single tendon origin/insertion
20552	Injection(s): single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
31500	Intubation, endotracheal, emergency procedure
36010	Introduction of catheter, superior or inferior vena cava
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)
36013	Introduction of catheter, right heart or main pulmonary artery
36014	Selective catheter placement, left or right pulmonary artery
36015	Selective catheter placement, segmental or subsegmental pulmonary artery

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Procedure Code	Description
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36420	Venipuncture, cutdown; younger than age 1 year
36425	Venipuncture, cutdown; age 1 and over
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36600	Arterial puncture, withdrawal of blood for diagnosis
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown
36660	Catheterization of umbilical artery, newborn, for diagnosis or therapy
36680	Placement of needle for intraosseous infusion
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62273	Injection, epidural, of blood or clot patch
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62290	Injection procedure for discography, each level; lumbar
62291	Injection procedure for discography, each level; cervical or thoracic

**Covered Procedure Codes for Certified Registered Nurse Anesthetists (CRNAs)
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Reviewed/Updated: March 1, 2024

Procedure Code	Description
62320	Injection of substance into spinal canal of upper or middle back
62321	Injection of substance into spinal canal of upper or middle back using imaging guidance
62322	Injection of substance into spinal canal of lower back or sacrum
62323	Injection of substance into spinal canal of lower back or sacrum using imaging guidance
62324	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back
62325	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back using imaging guidance
62326	Insertion of indwelling catheter and administration of substance into spinal canal of lower back
62327	Insertion of indwelling catheter and administration of substance into spinal canal of lower back lower back using imaging guidance
63650	Percutaneous implantation of neurostimulator electrode array, epidural
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64415	Injection, anesthetic agent; brachial plexus, single
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Injection, anesthetic agent, axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent, ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent, pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent, sciatic nerve; single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection, anesthetic agent; femoral nerve, single
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection, anesthetic agent, other peripheral nerve or branch

**Covered Procedure Codes for Certified Registered Nurse Anesthetists (CRNAs)
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Reviewed/Updated: March 1, 2024

Procedure Code	Description
64451	Injection of anesthetic agent and/or steroid into nerves supplying joint between spine and pelvis using imaging guidance
64454	Injection of anesthetic agent and/or steroid into genicular nerve branches of knee using imaging guidance
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch

**Covered Procedure Codes for Certified Registered Nurse Anesthetists (CRNAs)
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Procedure Code	Description
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
64620	Destruction by neurolytic agent; intercostal nerve
64630	Destruction by neurolytic agent; pudendal nerve
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
72285	Discography, cervical or thoracic, radiological supervision and interpretation
72295	Discography, lumbar, radiological supervision and interpretation
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time

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Procedure Code	Description
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time
Table Revision History	
<p><i>July 1, 2020, update:</i> Removed (effective January 1, 2019): 64508</p> <p><i>January 1, 2020, update:</i> Added (effective January 1, 2020): 64451, 64454 Removed (effective January 1, 2020): 64402, 64410, 64413</p> <p><i>December 10, 2019, update:</i> Added (effective January 1, 2019): 62320–62327</p> <p><i>December 1, 2019, update:</i> Removed (effective January 1, 2017): 62310, 62311, 62318, 62319</p> <p><i>October 1, 2019, update:</i> Removed (effective October 1, 2019): 76937 Added (effective January 1, 2019): 20526, 20550, 62290, 62291, 63650, 63661, 63663, 64455, 64491–64495, 64555, 72285, 72295, 73040, 73525, 99151–99153, 99155–99157 Removed AA modifier (effective January 1, 2019): 36555, 36556, 36620, 36625, 93503</p> <p><i>July 1, 2017, update:</i> Removed (effective January 1, 2016): 64412 Added AA modifier (correction): 93503</p>	