

Download Acceptable Diagnosis Code For Cpt 20552

CPT code and description 64479 - Injection, anesthetic agent and/or steroid, transforaminal epidural; Cervical or Thoracic, single level 64480 - Cervical or Thoracic, each additional level 64483 - Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level - average fee amount - \$220 - \$230 Description: Occupational therapy practice means the use of occupation and purposeful activity or intervention designed to achieve functional outcomes that promote health, wellness, prevent injury or disability and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction ...Number: 0016. Policy. Aetna considers any of the following injections or procedures medically necessary for the treatment of back pain; provided, however, that only 1 invasive modality or procedure will be considered medically necessary at a time.. Facet joint injections (intra-articular and medial branch blocks) are considered medically necessary in the diagnosis of facet pain in persons with ...1.0 Purpose and Scope. 1.1 Section 2322B, Chapter 23, Title 19, Delaware Code authorizes and directs the Department to adopt a Health Care Payment System by regulation after promulgation by the Workers' Compensation Oversight Panel. 1.2 Section 2322B, Chapter 23, Title 19, Delaware Code, authorizes and directs the Workers' Compensation Oversight Panel to adopt and recommend a coordinated ...