

## Coding Communication: Injection Procedure for Discography, Lumbar

### CPT® Assistant.

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**Question:** What is the proper use of codes 62290, 72285, and 72295 when reporting lumbar discography procedures? When should code 77003 (fluoroscopic guidance) be reported with the discography procedure?

**Answer:** To respond to your query, it is key to understand that dye injected into the disc space for tissue identification purposes is considered inclusive of the discectomy procedure performed (eg, 63030) and does not constitute diagnostic discography (62290). When performed for diagnostic purposes, independent of a discectomy, lumbar discography is essentially a two-part procedure. The first component is the placement of the needle into the disc with subsequent injection of contrast. The second component is the visualization of the dye pattern, the interpretation of the disc morphology, and often the interpretation of the pain response. When performing lumbar discography, code 62290, Injection procedure for discography, each level; lumbar, is the appropriate code to report for the injection procedure for each lumbar level. For cervical or thoracic discography, the appropriate injection code is 62291, Injection procedure for discography, each level; cervical or thoracic. Injection of contrast and localization during the imaging guidance portion (fluoroscopy) is an inclusive component of these injection procedures, and 77003 is not reported separately.

The radiological supervision and interpretation of lumbar discography is a separately reported service, as a radiologist may perform these services independently from the physician performing the injection procedure. The codes to report these services are code 72295, Discography, lumbar, radiological supervision and interpretation, for the lumbar region and code 72285, Discography, cervical or thoracic, radiological supervision and interpretation, for cervical or thoracic regions.

Because lumbar discography is reported per lumbar level, code 62290 may be reported multiple times during the same session on the same day, depending on the number of levels of lumbar discography performed. Typically, a modifier (eg, modifier 51) is attached to additional levels in order to avoid duplicating the pre- and postservice components of the work value. Similarly, the supervision and interpretation of the contrast material in the disc is dependent on the total number of discs injected. Therefore, typical coding for a three-level lumbar discography is as follows:

62290  
62290-51 × 2 (three levels)



72295  
72295-51 × 2 (three levels)

#### Coding Tip

Some payers do not require a modifier, but instruct providers to list the procedure with the number of levels performed, or multiple units of the same code.

Code 77003 should not be reported in addition to code 72295 for lumbar discography procedure(s). Fluoroscopic guidance is included in the procedure and radiological supervision and interpretation codes. Even when one physician performs the injection and another performs the radiological supervision and interpretation, it is inappropriate for either physician to code the fluoroscopic guidance (eg, 77003) as the injection of contrast and localization during the imaging guidance portion (fluoroscopy) is an inclusive component of code 62290. 