Part B Insider (Multispecialty) Coding Alert

FACET JOINT COMPLIANCE: Avoid OIG Scrutiny With Facet Joint Injection Savvy

Our tips help you report modifier 50 the right way.

Think billing bilateral facet joint injections is as simple as adding the left and right side modifiers to your claim? Think again.

Last week, we let you know that the OIG examined facet joint injections that practices performed in 2006 in their offices and discovered an outrageous 63 percent error rate,which racked up $96 million in improper payments for these services, according to CMS transmittal 440, issued Feb. 6.

The OIG is watching how you bill these services, so last week we showed you how to report these services unilaterally. This week,we've got the scoop on how to report the bilateral procedures.

Example: Your physician performs facet joint injections bilaterally at L3-L4, L4-L5, and L5-S1.

The scoop: This procedure involves six injections but from a billing standpoint, you'd consider them bilateral injections at three levels,says **Marvel J Hammer, RN,CPC, CCS-P, PCS, ACS-PM ,CHCO,** with MJH Consulting.

Best bet: Most payers prefer that you report these procedures as follows, Hammer advises.

• 64475-50 x 1 (Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral; single level; bilateral procedure) for the bilateral injection of the first level L3-L4

• +64476-50 x 2 (...lumbar or sacral, each additional level; bilateral procedure) for the bilateral injections of both of the additional levels L4-L5 and L5-S1.

You should not simply report one unit of 64475 and five units of +64476 as some practices may consider doing, Hammer says.

"Billing straightforward bilateral procedures can be problematic with some payers," Hammer says. "For instance, using modifier 50 on one line item versus using the RT and LT modifiers on separate line items." If you multiply that confusion with the add-on codes and the information pointed out in our unilateral injection article, your payer's claims processing software could trip over the logic of correctly processing these claims.

"Some payers just couldn't get it correct, which led providers to become 'creative' in their billing to try and get these claims paid without denials," Hammer says. "Unfortunately, there isn't one simple method,just as there isn't one claims processing software."

Solution: You shouldn't report the bilateral injection as an additional level; instead, work with your "problem" payers to identify how you should accurately report bilateral add-on codes to allow correct claims processing, Hammer advises.

Strengthen appeals: Get your payer's advice in writing -- that way, if you need to appeal, you'll have their documentation as your ammo, says **Heather Corcoran** with CGH Billing in Louisville.