

Part B Insider (Multispecialty) Coding Alert

Injections: Contrast Study Is The Key To Myelography

At least one carrier is cracking down on improper myelography billing

You should pay attention to your carrier's hit list if you want to avoid being number one with a bullet.

Part B carrier **NHIC** published a list of "recently found documentation problems" in its latest bulletin, and they include some major mistakes. For example, some physicians are performing epidural, facet joint and sacroiliac injections along with fluoroscopic guidance. But they're billing for myelography codes 72265 and 62284.

Myelography involves using fluoroscopic guidance, but this is only part of the diagnostic procedure. True myelography involves a "formal contrast study with hard copy," the carrier cautions. True myelography includes fluoroscopic guidance, which you shouldn't bill separately.

When billing fluoroscopy for the guidance of needle placement, you should bill 76005 with the -26 modifier, says **Lee Broadston**, president & CEO of **BCS** in Waconia, MN. You shouldn't bill for myelography, because "there isn't a radiology report that's going along with that fluoroscopy, they're using it just for needle placement. There is no contrast media used at all," Broadston says.

Obtaining separate payment for the fluoroscopic guidance with a spinal injection can be tricky, Broadston notes. Sometimes the carrier denies the 76005 and the provider must appeal. And payors won't accept claims on which a CRNA is billing for the procedure, arguing that CRNAs can't perform the professional supervision and interpretation.

Other problems: Some providers are billing for 96530 (Refilling and maintenance of implantable pump or reservoir) when they're flushing vascular access ports with heparin or saline. Flushing of intravenous ports is included in the payment for administering intravenous medications and fluids, NHIC says. "Medicare's been very clear about not using 96530 for a port flush," says **Ris Marie Cleland** with **Oplinc Oncology** in Lawton OK.

And some providers are billing for prolonged services codes 99354-99357 for regular office visits that don't include face-to-face contact with the physician. You need documentation of face-to-face physician time to bill for prolonged services, NHIC cautions.