Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: CMS Reiterates Modifier 50 Advice for Providers Billing Facet Joint Injections

Plus: OIG comes down on inappropriate Medicare payments for pressure reducing support surfaces.

Thanks to a 2006 OIG audit, MACs are on the lookout for incorrectly-billed facet joint injections, so it's time to scrutinize your claims. Medicare guidelines are very strict about when you can append modifier 50 (Bilateral procedure) to a facet joint injection code -- so you should know when to report this modifier versus when you must bill add-on codes instead.

CMS revised MLN Matters article MM6518 (effective date August 31). In the article, CMS clarifies that you should append modifier 50 to your facet joint injection code (64470, 64475) if the doctor injects the patient "on both the right and left sides of one level of the spine."

If, however, the doctor performs facet joint injections on multiple levels on the same side of the spine, you should use the appropriate add-on codes (+64472, +64476) instead of modifier 50.

A 2006 OIG audit found that doctors incorrectly reported facet joint add-on codes to bill bilateral injections, when they should have appended modifier 50, the MLN Matters article notes. You can access the article online at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6518.pdf. If you'd like to read the OIG's report on facet joint injections, visit www.oig.hhs.gov/oei/reports/oei-05-07-00200.pdf.