

## Part B Insider (Multispecialty) Coding Alert

### RADIOLOGY: Find Arthrography And Epidurography Coding Success With These Clues

#### Why accurate documentation could earn you an extra \$40

You have a few coding choices when you see documentation for arthrography and epidurography, but if you want to get the most bang for your buck, make sure physicians are clear about which procedure they performed.

**Scenario:** "Our physicians will sometimes perform an epidurogram just before an epidural injection, or an arthrogram just before an SI [sacroiliac] joint injection," says **Eileen Lorenzo, RHIT, CS, CPC**, a coder with Lahey Clinic in Burlington, MA.

The coding options for these procedures include:

- 73542 (Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation) for the SI joint arthrography.
- 72275 (Epidurography, radiological supervision and interpretation) for epidurography before an injection.
- 76005 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural,...] if documentation doesn't support using 73542 or 72275 for the procedure.

**Important:** Even though the code descriptors don't mention formal radiologic reports, you do need extra documentation. This important bit of information actually comes after the code definitions in the parenthetical notes.

**Arthrography Tip:** A note following code 73542 states, "For procedure, use 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid). If formal arthrography is not performed, recorded, and a formal radiologic report is not issued, use 76005 for fluoroscopic guidance for sacroiliac joint injections."

**Epidurography Tip:** A note following 72275 states, "Use 72275 only when an epidurogram is performed, images documented, and a formal radiologic report is issued."

Reporting 76005 for these procedures if your physician has actually performed a procedure that warrants 73542 or 72275 nudges your bottom line down.

**Cost:** The Medicare Fee Schedule includes a difference in average total nonfacility charges for fluoroscopy (\$81.86) and arthrography (\$114.07). And the jump to an average nonfacility charge of \$126.20 for epidurography can be a good incentive for some providers to improve their documentation habits.

"The difference in amounts is not staggering but could add up over time," Lorenzo says. "The real bottom line comes into play when you consider whether the physician is giving the correct documentation to support billing an epidurogram or arthrogram."