

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know When Fluoroscopy is Included

Question: I have looked, but cannot find information regarding whether you can bill 64450 with guidance code 77002. Can you help?

Answer: You can report 64450 (Injection, anesthetic agent; other peripheral nerve or branch) with 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) under certain conditions.

According to the Correct Coding Initiative (CCI) edits, 77002 is a Column 2 code of 64450, showing that the fluoroscopic guidance normally is considered part of the injection service. The edits bundle the two codes with a modifier indicator of "1," however, so you can sometimes append a modifier to 77002 and override the bundle. Modifier 59 (Distinct procedural service) would be the most common option to consider, but ensure that your provider's documentation meets the criteria for modifier 59 usage. Be aware, however, that the fluoroscopic guidance in this instance is specifically focused on needle insertion to a specific location. Payers might consider the fluoroscopy so integral to the procedure that they won't allow separate billing.