

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: Know When to Report Guidance Separately

**Question:** Is it acceptable to bill 64450 with guidance code 77002?

**Answer:** Yes, 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, for example, if the fluoroscopy is provided during a separate trip to the operating room or with a different procedure on a separate body part during the same session. 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.

**Example:** The physician performs a right lateral femoral cutaneous nerve injection for Meralgia paresthetica and a right shoulder injection performed with fluoroscopic image guidance for osteoarthritis. You would report the femoral nerve injection with 64450 and the shoulder injection with fluoro guidance with 20610 and 77002-59.