Eli's Rehab Report

Reader Question: Diskography Coding

Question: How should we code diskography done under fluoroscopy at three levels (L3-4, L4-5 and L5-S1)?

Texas Subscriber

Answer: Because you performed the diskography at three lumbar levels, you should choose code 62290* (Injection procedure for diskography, each level; lumbar). Although the descriptor states, "each level," many insurers will not accept the claim when simply billed as three units. Most insurers require coders to append either modifier -51 (Multiple procedures) or modifier -59 (Distinct procedural service) to the subsequent levels.

Radiological supervision should be coded as 72295 (Diskography, lumbar, radiological supervision and interpretation), which should be reported only once per diskography, despite the number of injections that the physiatrist gave to the patient. Although the practice will most likely bill multiple levels of the injection procedure (62290, as discussed above), this is not true for the radiological portion. Therefore, a claim for three levels of a lumbar diskography would read "72295, 62290 x 3" (with either modifier -51 or -59 appended).

If your practice does not own the radiological equipment required for 72295, you should append modifier -26 (Professional component) to 72295. Most diskographies are performed in a hospital, and the hospital or other facility normally owns the equipment, so the hospital would report 72295-TC (Technical component), while the physiatrist would report 62290 x 3, 72295-26.

If your practice owns the equipment and performs the radiological portion of 72295, but sends the results to an independent laboratory for interpretation, you should append modifier -TC to your claims for 72295, and the lab should bill the professional component of the code.

Because physiatrists use fluoroscopic guidance to pinpoint where the needle should be inserted into the patient's disk, some PM&R practices have erred in billing 76005 (Fluoro-scopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures) along with the diskography code. However, 72285 (Diskography, cervical or thoracic, radiological supervision and interpretation) and 72295 include the fluoroscopic guidance, so 76005 should not be reported.