

## Eli's Rehab Report

### Reader Question: Frequency Guidelines for Fluoroscopy

**Question:** If there is more than one injection site, such as in facet blocks (64470-64476) or epidurals (62310-62319), with fluoroscopic guidance, how many times can we bill 76005 per claim?

Minnesota Subscriber

**Answer:** Code 76005 (fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint], including neurolytic agent destruction) was introduced in CPT 2000 to code guidance during pain management injections more specifically.

Even if the fluoroscopy was used on separate sites, you probably cannot bill twice for it. But you should check with your carriers to confirm whether they allow multiple claims for 76005 on the same date. For example, if the physiatrist performs a nerve block on the neck (64510), he or she could bill one unit of 76005. If he or she later performed an epidural injection to the sacral region, the practice would bill 64483 but would not bill for the fluoroscopy again. If fluoroscopy is performed in a facility, the 76005 should be reported with modifier -26 for professional component only.