

## Eli's Rehab Report

### Reader Question: Use 76003-26 for Physicians Role in Fluoro

**Question:** When I administer a finger joint injection (20600) with fluoroscopy, do I have to use a modifier to justify billing 76003 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) with it?

Montana Subscriber

Answer: Neither CPT nor the Correct Coding Initiative (CCI) bundles fluoroscopy with 20600\* (Arthro-centesis, aspiration and/or injection; small joint or bursa [e.g., fingers, toes]). Therefore, your carrier should accept both codes without any modifier appended.

But if the physiatrist used fluoroscopy equipment that he didn't own (for instance, the hospital's equipment) or if a technician not employed by your practice performed the fluoroscopy, you should append modifier -26 (Professional component) to 76003. The hospital or independent technician would report 76003-TC (Technical component).