

Eli's Rehab Report

You Be the Coder: Facet Joint Injections: One Level or Two?

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: We are confused about how many levels to bill for a facet joint injection. If the physiatrist is doing a facet nerve block at the C3 and C4 level, would the codes be 64470 and 64472, or could the level be C3-C4 (referring to the joint between the two vertebrae), whereby only 64470 would be submitted? The physician is actually performing two injections.

Indiana Subscriber

Answer: The physiatrist should bill what he performed -- and since he performed two injections at two levels of the cervical spine, you are correct in coding 64470 and 64472.

The facet joint injection code for the cervical spine (64470) should be billed for the first level performed (C3), and the add-on code for each additional level (64472) should be billed only once to indicate that one extra injection was performed at the C4 level. Remember that 64472 must accompany 64470 -- because it is an add-on code, it cannot be billed independently. Depending on what drug was injected, you can probably bill for the medication as well using the appropriate J code from the HCPCS manual.

These codes are unilateral procedures. When bilateral injections are performed (e.g., injections performed at both the left and right paravertebral facet joints), then modifier -50 (bilateral procedure) should be appended to the appropriate code.