

Eli's Rehab Report

You Be the Coder: Two Levels of Epidural

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

Question: Can we bill [CPT 62311](#) (Injection, single [not via indwelling catheter], not including neurolytic substances, with or without contrast [for either localization or epidurography], of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], epidural or subarachnoid; lumbar, sacral [caudal]) twice if the physiatrist injects two different levels?

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Answer: Most payers will deny two units of 62311 when billed on the same day. California's Part B carrier states, "Payment will be made for up to three injections in any given six (6) month period. If additional injections within this time frame are deemed medically reasonable, documentation supporting the necessity must accompany the claim."

South Carolina's Part B carrier limits patients to six epidural injections per year, after which hard-copy documentation is required.

Some practices report success when listing 62311 on separate line items with modifier -59 (Distinct procedural service) appended to the second injection code, and with hard-copy documentation attached to the claim to document medical necessity of separate site injections.