

## Eli's Rehab Report

### You Be the Coder: What is the Z-Joint?

**Question:** Our physiatrist documented a z-joint injection, but we couldn't find a code for this. Can you point us in the right direction?

Minnesota Subscriber

**Answer:** The physician probably performed a facet joint injection, which some physicians refer to using the technical term zygapophyseal joint injections which gets abbreviated to z-joint injections.

Because the zygapophyseal joint refers to the facet joint, you should select a code from the 64470-64476 series, depending on whether he performed the injection in a cervical/thoracic joint (64470-64472) or a lumbar/sacral joint (64475-64476).

Most carriers only reimburse facet joint injection claims linked to diagnoses from the ICD-9 series 720.x-724.xx (Dorsopathies), but not all payers accept the same particular codes within this range. For example, many insurers accept 721.3 (Lumbosacral spondylosis without myelopathy), but only some will allow 724.2 (Lumbago; low back pain; low back syndrome) and [ICD-9 724.8](#) (Other symptoms referable to back) without further explanation.

If the physiatrist uses fluoroscopic guidance to place the needle prior to injection, don't forget to report 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). If the physician administers the injection in the hospital, you should append modifier -26 (Professional component) to 76005.