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Outpatient Facility Coding Alert

CPT® Update: Sharpen Your Epidural Injection Coding With These New Codes In 2017

Rejoice with advent of 62320-62327 the injection/guidance combo CPT® codes.

If you are a neurology and pain management coder, get ready to embrace new CPT® codes for epidural injections in 2017. The good news is that these codes will make getting paid for fluoroscopic guidance easier when the physician needs it.

Read on for the lowdown on how to report these important CPT® 2017 additions for your practice, and safeguard your revenue in the new year.

Ace Your Epidural Coding with 62320-62327

These new CPT® codes replace the 'old' way of billing the epidural injection and imaging guidance separately, says **Amy Turner, RN, BSN, MMHC, CPC**, and Director of Revenue Integrity at Comprehensive Pain Specialists in Brentwood, Tenn. They provide greater specificity with regard to epidural injections with or without imaging guidance.

The new codes, categorized by injection area, are:

- 62320 (Injection[s], of diagnostic or therapeutic substance[s] [e.g., anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance) and 62321, (... with imaging guidance [i.e., fluoroscopy or CT]).
- 62322 (Injection[s], of diagnostic or therapeutic substance[s] [e.g., anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral [caudal]; without imaging guidance) and 62323 (... with imaging guidance [i.e., fluoroscopy or CT]).
- 62324 (Injection[s], including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance[s] [e.g., anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance) and 62325 (... with imaging guidance [i.e., fluoroscopy or CT])
- 62326 (Injection[s], including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance[s] [e.g., anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral [caudal]; without imaging guidance and 62327 (... with imaging guidance [i.e., fluoroscopy or CT]).

Profit: These new codes may help you reduce denials, as implementation of these new codes will eliminate billing fluoroscopic guidance separately, believes Turner.

Injection Codes Will Line Up With Medicare Policy

The new CPT® codes 62320-62327 replace the following injection codes 62310-62319 that you have been using in 2016:

- 62310 (Injection[s], of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic).
- 62311 (... lumbar or sacral [caudal])

- 62318 (Injection[s], including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance[s] [including anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic)
- 62319, (... lumbar or sacral [caudal])
- 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures [epidural or subarachnoid]) if the physician used fluoroscopy.

Caution: Medicare and multiple other payers prohibit billing 77003 with 62310-62319, though some insurers did accept this coding practice, according to Turner. This inconsistency led to all types of coding confusion, as the reimbursement of 77003 was entirely dependent on payer policy.

Make the Grade with ThisTweak in Fluoroscopy Code

In other fluoroscopy news, CPT® 2017 also includes a revised version of 77003 (new part of descriptor in **bold**): (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures [epidural or subarachnoid] **[List separately in addition to code for primary procedure]**). You always had to list 77003 separately in addition to the primary procedure code, and this revision does not change that. "It simply adds clarity to the description," says **Sarah Goodman, MBA, CHCAF, CPC-H, CCP, FCS**, president of the consulting firm SLG, Inc., in Raleigh, N.C.

Caution: "To make the most of these changes, chargemasters will need to be updated if these CPT® are hard-coded in the CDM," Goodman says. "Coders and facility staff will need to ensure that CT and fluoroscopy are not billed in addition to the new codes."