

## Outpatient Facility Coding Alert

### Reader Question: Check NCCI Edit, Parenthetical Notes When Reporting 72275 With 62323

**Question:** Is it appropriate to code 62323 with 72275?

Oklahoma Subscriber

**Answer:** From a National Correct Coding Initiative (NCCI) perspective, you'll see that an edit exists between 62323 (Injection(s), of diagnostic or therapeutic substance(s) [eg, anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral [caudal]; with imaging guidance [ie, fluoroscopy or CT]) and 72275 (Epidurography, radiological supervision and interpretation) with a modifier "1" indicator. With 72275 being the column 2 code, this means that you should bundle 72275 into 62323 unless you can prove that both patient services are distinct and separately identifiable from one another.

With that being said, CPT® further elaborates on 72275 use in the parenthetical notes beneath the code. Specifically, CPT® states the following:

- "(For injection procedure, see 62280, 62281, 62282, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484).
- "(Use 72275 only when an epidurogram is performed, images documented, and a formal radiologic report is issued)."

As the parenthetical note states, before considering reporting an epidurogram, make sure the physician performs a true, separate diagnostic study. Fluoroscopic imaging and dye injection do not warrant consideration of code 72275. However, as the parenthetical notes also state, you may report 72275 separately with an NCCI edit overriding modifier, such as modifier 59 (Distinct Procedural Service), as long as you have documentation to support that the provider performed a true separate epidurogram alongside the injection.