

Outpatient Facility Coding Alert

Reader Question: Check the Situation Before Assuming 77003 Won't Be Paid

Question: One of our pain management specialists keeps adding 77003 to his billing sheet when he administers injections. The [fee schedule](#) doesn't include the codes, which makes me think we shouldn't be reporting them. Does Medicare cover fluoroscopy code [CPT 77003](#) in an ASC setting?

North Dakota Subscriber

Answer: Many procedures include the service represented by 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural, or subarachnoid]) when performed in an ASC. That's not always the case, however, so always check guidelines before making assumptions.

Example: Medicare has assigned status indicator N1 (Packaged service/item; no separate payment made) to 77003 in an ASC setting which means it may be reported when not included in the procedure code, but no separate payment will be made. Epidural injections such as 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) fall into that category. Medicare will not pay the ASC separately for the fluoroscopy, but will reimburse for the epidural injection whether or not fluoro is also reported.