

## Outpatient Facility Coding Alert

### Reader Question: Check With Provider for CT and Fluoro in Same Encounter

**Question:** I'm working on a fluoroscopic-guided lumbar puncture. At the beginning of the report, the radiologist states "computed tomography (CT) imaging was performed to choose a site for insertion of the needle." The radiologist also documents fluoroscopic guidance using "a 22-gauge, 5" spinal needle" that was inserted into the thecal sac. Should I code this as CT-guided or fluoroscopic-guided?

Nevada Subscriber

**Answer:** Before making any coding considerations, you're going to want to check with the radiologist to confirm the use of CT guidance in addition to fluoroscopic guidance. You'll rarely, if ever, encounter a report that includes both CT and fluoroscopic guidance to perform a lumbar puncture. More likely than not, the provider performed the CT scan prior to the lumbar puncture encounter, but the documentation was worded as such that you may mistake the CT scan as CT guidance for the lumbar puncture.

Assuming the CT scan was performed separately, you should code this as a typical fluoroscopic-guided lumbar puncture. That means that you will report 62270 (Spinal puncture, lumbar, diagnostic) with +77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)).

Keep in mind that even if both sets of CT and fluoroscopic guidance were performed, you would not report both. National Correct Coding Initiative (NCCI, or CCI) edits restrict the reporting of 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation) with +77003. In the case that you perform both, you'll omit +77003 as the column 2 code.