

## Outpatient Facility Coding Alert

### Reader Question: Double Check Before Submitting ICD-9 Codes for ASC

**Question:** We use CPT® codes in our ASC, but one of our insurers is requesting ICD-9 procedure codes for 64483 and 64484. Any ideas what we should report?

Utah Subscriber

**Answer:** This is an unusual situation, with the payer requesting Vol. 3 procedure codes since those aren't normally required for an outpatient claim. You might want to verify the request with the payer and remind them that ICD-9 Vol. 3 codes are the specified HIPAA standard code set for inpatient hospital procedures and shouldn't be reported on outpatient claims. If they insist on having ICD-9 procedure codes, however, the correct options are 03.91 (Injection of anesthetic into spinal canal for analgesia) and 03.92 (Injection of other agent into spinal canal).