

Outpatient Facility Coding Alert

Reader Question: Why Am I Getting Denials for 77003?

Question: How can we report fluoroscopic guidance with epidural injections in 2017? I recently reported 77003 and received a denial. Can you explain this?

Florida Subscriber

Answer: You will no longer use the code 77003 (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]) for fluoroscopy when reporting epidural injections in 2017.

Note the new injection codes for 2017: The following are the four new codes that will apply for all claims with a date of service of Jan. 1, 2017, or later:

- 62320 (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, cervical or thoracic; without imaging guidance) and 62321 (... with imaging guidance [i.e., fluoroscopy or CT])
- 62322 (.... 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 (..... interlaminar epidural or subarachnoid, lumbar or sacral [caudal]; without imaging guidance) and 62327 (... with imaging guidance [i.e., fluoroscopy or CT]).

New codes are inclusive of fluoroscopy when applicable: The epidural injection codes 62321, 62323, 62325, and 62327 are inclusive of fluoroscopic services.

Reminder: When you receive denials, make sure to check the most recent Addendum AA. If the code isn't on the list, it's not ASC-payable or has been bundled into other ASC-payable codes. To download the latest ASC addenda from CMS, go to: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates.html.