

Outpatient Facility Coding Alert

You Be the Coder: Check This Code for Intervertebral Disc Biopsy

Question: Which code should we use for intervertebral disc biopsy for discitis? I'm considering 20220, 62267 or 62269. Any assistance would be greatly appreciated.

Louisiana Subscriber

Answer: Your best choice is 62267 (Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes). If the physician used fluoroscopic guidance, also report 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]).

Also include the appropriate diagnosis from 722.9x (Other and unspecified disc disorder) for the discitis. The codes in this family are delineated by region (unspecified, lumbar, thoracic, or cervical), so verify the anatomic site to select the best diagnosis.

Other reasoning: You mention that you were also considering whether codes 20220 (Biopsy, bone, trocar, or needle; superficial [e.g., ilium, sternum, spinous process, ribs]) or 62269 (Biopsy of spinal cord, percutaneous needle) would apply to this situation. These codes are both incorrect because of anatomic inconsistencies. Code 20220 refers to a bone biopsy, but the intervertebral disc is not a bone. The descriptor for 20220 applies to a "superficial" procedure, which is less involved than an "intervertebral disc biopsy." Code 62269 does not apply because you're coding for a biopsy of the intervertebral disc instead of the spinal cord. And again, the spinal cord is not the same anatomically as an intervertebral disc.