

Outpatient Facility Coding Alert

You Be the Coder: Counting for Intra-articular Facet Nerve Blocks

Question: I'm coding for bilateral intra-articular facet nerve blocks to L1, L2, and L3 with ultrasound guidance. What is the correct way to report the procedure?

Arkansas Subscriber

Answer: First, remember that coding for facet joint injections is based on the facet joint level. If your provider injected the L1, L2, and L3 medial branches, they equate to two levels: L2/L3 and L3/L4. The correct billing is 0216T (Injection[s], diagnostic or therapeutic agent, paravertebral facet [zygapophyseal] joint [or nerves innervating that joint] with ultrasound guidance, lumbar or sacral; single level) with modifier 50 (Bilateral procedure) for the first level. Then include +0217T (... second level [List separately in addition to code for primary procedure]) with modifier 50 for the second level. Providers can't always append modifiers to the Category III codes, but CPT® parenthetical notes state that is the case with the 0213T □ 0218T series. Each code includes the direction to report bilateral procedures with modifier 50.