

Modifier Coding Alert

You Be the Coder: Capture IV Needle Guidance with 26

Question: A provider from our practice performed ultrasonic guidance for a sciatic nerve and femoral nerve block before the surgeon performed knee arthroscopy. I know there's no separate billing for the IV as part of the anesthesia service. Can I bill CPT® code 76942 for the guidance, however?

Wisconsin Subscriber

Answer: Yes, you would code 76942 (Ultrasonic guidance for needle placement [eg, biopsy, aspiration, injection, localization device], imaging supervision and interpretation). You should attach modifier 26 (Professional component) to show that your provider performed only the professional component of a service.

With the help of ultrasonography, the physician can move the needle inside the body to reach the tissue to be biopsied without causing damage to the surrounding tissues. "There is no separate billing of the IV line for fluids as it is part of the anesthesia," explains **Kim Dues, CPC**, owner of Mass Medical Billing Services in Dickinson, Texas.

Here's an example of coding for a typical case:

- 01402 (Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty)
- 76942-26
- 64445 (Injection, anesthetic agent; sciatic nerve, single) with modifier 59 (Distinct procedural service) attached
- 64447 (Injection, anesthetic agent; femoral nerve, single) with modifiers 51 (Multiple procedures) and 59 attached.