

Pain Management Coding Alert

Case Study Corner: Boost Discography/Decompression Smarts With These Scenarios

It's vital to know whether the procedure was diagnostic or surgical.

When patients report to the PM practice for discography or disc decompression, you need to be able to spot the claims quickly and discern what type of claim it is.

Check out these coding scenarios from our experts, and bolster your knowledge ahead of your next disc decompression/discography claim.

Case 1: Disc decompression

This example is from **Amy C. Pritchett, BSHA, CPC, CPMA, CPCI-I, CRC, CANPC, CASCC, CEDC, CCS, CMDP, CMPM, CMRS, C-AHI, ICDCT-CM, ICDCT-PCS**, past president of the American Academy of Professional Coders chapter in Mobile, Alabama.

The provider removes a small amount of the gel like substance in the middle of a spinal disc, known as nucleus pulposus. He makes a needle puncture through the skin and into the disc. Then he aspirates a small amount of disc material between two vertebrae in the lumbar region of the spine to relieve pressure on the nerves of the spine.

Coding: Report 62287 (Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar) for the decompression.

Case 2: Discography

This example is from **Denise Caposella, CPC**, senior consultant with Acevedo Consulting Incorporated in Delray Beach, Florida:

POSTOPERATIVE DIAGNOSIS: Herniated L3-4 disk left and L3-4 disc with stenosis and L4-L5 cyst with sequestered disc LS-SI.

Patient had progressive history of back and especially left leg pain from an auto accident.

The skin was anesthetized 12 cm lateral to the midline over the posterior iliac crest, parallel to L3-4 disc space with 1 % Xylocaine. Small skin incision was made and then a #22-gauge spinal needle was obliquely passed down in the Codman's triangle and posterior margin. At the L3-4 disc space we entered the disc space with a curved and endoscopic cannula. The probe was easily be able to move across and posterior in the disc space and in the midline and approximately 1cc to 1.5cc of disc material was removed. After this disc being done, an #18 gauge needle was used to approach the L5-S1 disc space from a superior-posterior angle view and a #22 gauge Chiba was then passed in the disc space. Dye was injected into the disc space and there was no communication from the disc space through the posterior margin of the canal where fragment had been seen on MRI scan.

Coding: Report 62287 for the decompression.

Report 62290 (Injection procedure for discography, each level; lumbar) for the discography.

Append modifier 59 (Distinct procedural service) to 62290 to show that the discography injection and the disc

decompression were separate services.