

Pain Management Coding Alert

CPT® 2017: CPT® Creates Injection/Guidance Combo Codes

Experts: New codes should augur well for injection/guidance payment.

Pain management practices need to know that CPT® 2017 includes new codes for epidural injections, which means you'll have to adjust to some new codes

Benefit: Once you master the new code set, getting paid for fluoroscopic guidance during epidural injections will be easier.

Remember: These codes are effective for claims dated on or after January 1, 2017, so you'll need to get familiar with them before the winter holidays.

Check out this rundown of the most important CPT® 2017 additions for your practice, and make sure you're ready to use these codes next year.

Look to 62320-62327 for Guidance on Injections

In the new CPT® manual, there are codes that provide greater specificity "about epidural injections performed with or without imaging guidance. The new codes with guidance replace the 'old' way of billing the epidural injection and imaging guidance separately," explains **Amy Turner, RN, BSN, MMHC, CPC**, Director of Revenue Integrity at Comprehensive Pain Specialists in Brentwood, Tenn.

The new codes, broken down below by injection area, are:

- 62320 (Injection[s], of diagnostic or therapeutic substance[s] [e.g., 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 (Injection[s], of diagnostic or therapeutic substance[s] [e.g., anesthetic, antispasmodic, opioid, steroid, other solution], not including neurolytic substances, including needle or catheter placement, 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 (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, lumbar or sacral [caudal]; without imaging guidance) and 62327 (... with imaging guidance [i.e., fluoroscopy or CT]).

Impact: Turner thinks that these new codes will benefit coders and practices that provide these services. "The implementation of these new codes will eliminate billing fluoroscopic guidance separately, thereby decreasing the amount of denials," she explains.

Injection Codes Will Line Up With Medicare Policy

Prior to the 62320-62327 code set, you would have coded these services with:

- 62310, Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62311, ... lumbar or sacral (caudal)
- 62318, Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62319, ... lumbar or sacral (caudal) and
- 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) if the physician used fluoroscopy.

You won't see these injection codes in 2017, however, as CPT® replaced 62310-62319 with 62320-62327.

Coders should benefit from the change, as getting paid for a 62310-62319 code along with 77003 could be a tedious, and often fruitless, endeavor.

Medicare and multiple other payers prohibit billing 77003 with 62310-62319, Turner says — though some insurers did accept this coding practice. This inconsistency led to all types of coding confusion, as the reimbursement of 77003 was entirely dependent on payer policy.

CPT® Tweaks Fluoroscopy Code

In other fluoroscopy news, CPT® 2017 also includes a revised version of 77003 (new part of descriptor in **bold**): (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid] [**List separately in addition to code for primary procedure**]).

Impact: This probably won't have much effect on your coding practices, as you always had to list 77003 separately in addition to the primary procedure code.