

## Pain Management Coding Alert

### Needle Procedures: Take This Advice on Decompression/Discography Differences

**Remember; 1 is diagnostic, the other is corrective.**

Discography and disc decompression are two procedures that your PM provider might use to pinpoint or alleviate certain back conditions. When the claim comes across your desk, it's on you to know the differences between the two injection services.

Further, there are other codes to consider when preparing these claims, so you'll need to be spot-on in your coding in order to max out rightful reimbursement.

Check out what our experts had to say about coding disc decompression and discography.

#### Remember the Purpose of Procedure

First, the basics of both procedures.

**In a nutshell:** Disc decompressions are corrective procedures, and discographies are diagnostic procedures.

You'll code disc decompressions with 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), confirms **Dreama Sloan-Kelly, MD, CCS**, president of Dr. Sloan-Kelly Consulting in Shirley, Mass.

"Disc decompression is a percutaneous procedure that is needle-based in technique. Because it is percutaneous, the use of fluoroscopy or an endoscope is needed to visualize the placement and maneuvering of the needle," Sloan-Kelly continues.

When the physician performs a 62287 service they perform "a decompression procedure to relieve pressure on the spinal nerves by correcting a bulge in an intervertebral disc. Commonly referred to as a percutaneous discectomy, it may be accomplished by several techniques, including non-automated - manual - automated, or laser," explains **Denise Caposella, CPC**, senior consultant with Acevedo Consulting Incorporated in Delray Beach, Florida.

Also needle-based in technique is discography, which Sloan-Kelly calls "a diagnostic study that injects contrast into the intervertebral disc and is coded based on level." Discography could actually involve two codes: For lumbar discography with radiological supervision and interpretation, you'd report 62290 (Injection procedure for discography, each level; lumbar) and 72295 (Discography, lumbar, radiological supervision and interpretation).

**Modifier alert:** Check with your payer before coding injection for discography and discography together to see if it would like you to report these services without any modifiers, or with modifiers such as 59 (Distinct procedural service) or 51 (Multiple procedures).

For cervical or thoracic discography with radiological supervision and interpretation, report 62291 (... cervical or thoracic) and 72285 (Discography, cervical or thoracic, radiological supervision and interpretation). "The 62290 or 62991 codes are the injection procedure for the discography, the 72295 and 72285 codes are the discography procedure itself," Sloan-Kelly explains.

The 62290 and 62291 codes represent "an imaging procedure performed to gauge the amount of damage suffered by an intervertebral disc," says Caposella. "The physician directs a needle at a > 45-degree angle to the center line toward the spine and the needle is monitored radiographically. A small needle is then inserted through the original needle once the needle reaches the lamina. The physician pushes this needle to the disc and injects 1 ml to 2 mL of contrast medium."

**Caveat:** Keep in mind that because CPT® includes the term "with discography" in the code description for 62287, it would be incorrect to report 62290/62291 with 62287 when the provider performs them at the same level. If the physician performs injection for discography on a level other than the one represented by 62287, you might be able to report 62290/62291 for the additional level. Check with your payer to see how it would like you to respond to these coding situations.

If a discography is done during the disc decompression at the same level then it is included in the 62287 code - if, however, a discography is done on several levels that are different than the disc decompression, then you could code for it separately.

### **Remember Discography Documentation**

When you're coding for a discography, you need to also include evidence of previous attempts to fix the patient's injury by more conservative means.

Your provider can consider lumbar discography "for patients who have disabling lower back pain, groin pain, hip pain, and/or leg pain, even after extensive therapy or treatment," explains Caposella.

In most cases, a patient must have a certain qualifying condition for the payer to approve discography, and you "need to document previous attempts to pinpoint the pain in the notes," Caposella says.