Pain Management Coding Alert

Procedure Coding: Know Discography, Decompression Differences for Coding Success

Remember, injection for discography is diagnostic, and a decompression is therapeutic.

Patients who report to your PM specialist for injection for discography or disc decompression are in obvious pain. But if you don't know the differences between these two common procedures, you could also be hurting if the payer has any questions about your claim.

The challenge: Though CPT® groups the codes together in the coding manual, there are significant differences in the proper use of injection for discography and disc decompression codes.

Don't worry, though. we've got advice from some of the best in the coding business about how to choose the correct code every time your provider performs injection for discography or disc decompression. Check out this FAQ on the most common questions surrounding these procedures.

Q: What is the difference between a disc decompression and an injection for discography?

A: First, the codes are different depending on the service. When the provider performs a disc decompression, you'll 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), confirms **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, Ala.

The 62287 code represents a "decompression procedure, which is percutaneous and describes a nucleus pulposus of an intravertebral disc. This utilizes a needle-based technique to remove the disc under fluoroscopic imaging or other form of indirect visualization. This code also includes discography, and/or epidural injections at the treated levels, when performed, and is limited to single or multiple lumbar vertebra," Pritchett explains.

So, you should report one unit of 62287 regardless of the number of vertebral levels the provider injects.

According to **Denise Caposella, CPC**, senior consultant with Acevedo Consulting Incorporated in Delray Beach, Florida, some providers refer to a 62287 procedure as a "percutaneous discectomy."

"This is a decompression procedure to relieve pressure on the spinal nerves by correcting a bulge in an intervertebral disc," Caposella says. The provider could use several techniques for this decompression, including non-automated (manual), automated, or laser, continues Caposella.

In contrast, you'll code injection for discography procedures with either 62290 (Injection procedure for discography, each level; lumbar) or 62291 (... cervical or thoracic), confirms Caposella.

Remember that 62290 and 62291 represent only "the injection of radio-iodine contrast for a discography. This code includes each level performed for the lumbar spine only," says Pritchett. That means that for each lumbar level your provider injects, you'll report one unit of 62290. The same holds true for 62291 and cervical/thoracic levels.

"In summary, 62287 is a corrective procedure and 62290 [and 62291] are diagnostic procedures. Keep in mind that because CPT® includes the term 'with discography' in the code description it would not be appropriate to report 62290 [or 62291] with 62287 when performed at the same level," explains Caposella.

Also, you should report 62290 or 62291 for each level that the provider treats; append either modifier 59 (Distinct procedural service) or 51 (Multiple procedures) to each unit of 62290 or 62291 after the first, if the payer calls for it.

Q: Can you code for additional services with these procedures?

A: With disc decompression (62287), you typically won't be able to code for any other service, except perhaps an evaluation and management (E/M) service that precedes the procedure. Also, CPT® bundles any discography procedure into 62287, so you won't often submit another procedure code with 62287.

Injection for discography, however, always includes another code assignment. If the provider performs lumbar injection for discography (62290), then you'll include 72295 (Discography, lumbar, radiological supervision and interpretation) to account for the imaging supervision and interpretation for a discogram, which is a study of the cartilaginous disc between two vertebrae. You should report 72295 for each level the provider performs interpretation and supervision for. If the payer calls for it, append either modifier 59 or 51 to each unit of 72295 after the first.

When the provider performs cervical or thoracic injection for discography (62291), you'll report 72285 (Discography, cervical or thoracic, radiological supervision and interpretation) to account for the supervision and interpretation at each level. If the payer calls for it, append either modifier 59 or 51 to each unit of 72285 after the first.

In contrast to a disc decompression, discography is a two-code procedure. "Discography is a diagnostic study that injects contrast into the intervertebral disc, and you code based on level; 62290 and 72295 if lumbar, or 62291 and 72285 if cervical or thoracic region," reminds **Dreama Sloan-Kelly, MD, CCS**, president of Dr. Sloan-Kelly Consulting in Shirley, Massachusetts. "The 62290 or 62991 codes are the injection procedure for the discography; the 72295 and 72285 codes are the discography procedure itself."