

## Pain Management Coding Alert

### Reader Question: Focus on Site and Type, Not Equipment, for Fluoro Coding

**Question:** My doctor is doing joint injections under fluoroscopy and using C-arm guidance. Can I bill for the C-arm separately? If so, what would be the CPT® code?

Wisconsin Subscriber

**Answer:** The C-arm or "equipment" is included in the technical component portion of the image guidance code. If your physician performs the injection in the office, the technical component also is included in the global billing, which means you would bill the radiology code without any modifier. If the physician performs the procedure in a facility place of service, he/she only bills for the professional component and indicates as such with modifier 26 (Professional component) appended to the radiology code.

Examples of radiology codes that might be applicable include 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) for a spinal injection or 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) for a joint injection or an injection in a location other than the spine.