

## Pain Management Coding Alert

### Reader Question: No, You Shouldn't Report 77003 as a Stand-Alone Fluoro Code

**Question:** One of our patients had a spinal cord stimulator inserted in December 2013. The provider brought the patient to the office and used fluoroscopy to check the lead placement (we have our own fluoro suite). He didn't check any vitals. The patient has Medicare. Can we bill 77003 by itself?

Maine Subscriber

**Answer:** No, you cannot submit 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) as a stand-alone code without other services.

**Explanation:** According to June 2008 CPT® Assistant: "Fluoroscopy (76000) is considered to be an inclusive component of any other formal radiologic procedures and should not be reported separately ... Code 76000 may be reported when fluoroscopy is the only imaging performed ... Fluoroscopy (code 76000) may not be reported if it is performed in conjunction with another radiologic procedure wherein fluoroscopy is considered to be an inclusive component."

If the physician uses fluoroscopy only as a "look see," then the code to report would be 76000 (Fluoroscopy [separate procedure], up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034 [e.g., cardiac fluoroscopy]), not 77003.