

## Pain Management Coding Alert

### Reader Question: Watch Medicare Vs. CPT® Guidelines for 77002 and 77003

**Question:** What is the difference between the codes 77002 and 77003? Is it based on the treatment site location? Is 77003 only for the spine and 77002 is for all other body areas? Or does it come down to whether the provider injected contrast?

Iowa Subscriber

**Answer:** Both codes in question represent fluoroscopic guidance only. The injection of contrast is not included in the codes, unless otherwise stated for 77003.

Code 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) represents needle guidance but is not specific to a particular body area. This code does not include the injection procedure. You'll typically report 77002 with major joint injections (such as 20610, Arthrocentesis, aspiration and/or injection; major joint or bursa [e.g., shoulder, hip, knee joint, subacromial bursa]) or other peripheral injections. Note that although Medicare bundles the image guidance code with the majority of the 644xx injection codes, CPT® does not include these restrictions.

Code 77003 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures [epidural or subarachnoid]) includes localization of the needle or catheter and is used only for the spine and paraspinal area. Note that CPT® guidelines state that "Injection of contrast during fluoroscopic guidance and localization [77003] is included in 22526, 22527, 27096, 62263, 62264, 62267, 62270-62282, 62310-62319)" as well as "Do not report 77002, 77003 in conjunction with 10030, 22586, 27096, 64479-64484, 64490-64495, 64633-64636, 0195T, 0196T, 0309T." You'll often report 77003 in conjunction with procedures such as 62267 and 62310-62319.