

Pain Management Coding Alert

Reader questions: Beware of the Bundle for Imaging and Epidural Procedures

Question: We would like to learn more about the inclusion of imaging guidance in the epidural fee. Can we not report for fluoroscopy separately when reporting epidural injection procedures? If imaging guidance cannot be reported with epidural injections, is it wrong to expect the CCI edits to reflect that 77003 is a component code of 62311? Our local carrier has an LCD stating that, "The real-time imaging guidance, fluoroscopy or computed tomography, with the use of injectable radio-opaque contrast material is required for all steroid injections and all transforaminal injections. Its use is urged but not required for other epidural injections." Can we report 77003 with codes 62311-62319 in 2015? If not, can you share a resource from Medicare in support that these cannot be billed together?

Washington Subscriber

Answer: You need to check with your commercial payers to see if they will be following Medicare's stance on not allowing separate reporting of image guidance with these epidural procedures. Effective January 1, 2015, it is not compliant to separately bill image guidance with interlaminar and caudal epidural injection procedures reported with CPT® codes 62310-62319:

- 62310 □ Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62311 □ ... lumbar or sacral (caudal)
- 62318 □ Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
- 62319 □ ... lumbar or sacral (caudal).

The following excerpt is from the CY 2015 Medicare Physician Fee Schedule that was published in the November 2014 Federal Register:

"Epidural Injection and Fluoroscopic Guidance CPT® Codes 62310, 62311, 62318, 62319, 77001, 77002 and 77003 ... Because it was clear that inputs that are specifically related to image guidance, such as the radiographic fluoroscopic room, are included in these proposed direct PE inputs for the epidural injection codes, we believed allowing separate reporting of the image guidance codes would overestimate the resources used in furnishing the overall service. To avoid this situation, we also proposed to prohibit the billing of image guidance codes in conjunction with these four epidural injection codes. ... After considering comments received, we are finalizing CPT® codes 62310, 62311, 62318, and 62319 as potentially misvalued, finalizing the proposed RVUs for these services, and prohibiting separate billing of image guidance in conjunction with these services.

For more, read

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9034.pdf>