

Pain Management Coding Alert

Reader questions: Skip Modifier 26 When You Own X-Ray Equipment

Question: Our physician used X-ray equipment in the office to place the needle prior to a hip injection. No C-arm was used. In other words, our physician did not use fluoroscopy for additional guidance. Can we append modifier 26 when reporting this service?

New Hampshire Subscriber

Answer: If your office owns the guidance equipment, you shouldn't append modifier 26 (Professional component) to the guidance code. Report the service X-ray with 73500 (Radiologic examination, hip, unilateral; 1 view) or 73510 (... complete, minimum 2 views), depending on the number of views. Include 20610 (Arthrocentesis, aspiration and/or injection; major joint or bursa [e.g., shoulder, hip, knee, subacromial bursa]; without ultrasound guidance) for the injection itself.

Remember: Your physician must document an interpretation report.