

# Radiology: Myelography and Injection Procedure

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#### Radiology: Myelography and Injection Procedure

This article provides recent coding updates related to the imaging of the spine with intrathecal contrast media. These changes reflect updates pertaining to myelography procedures reported with codes 72240, 72255, 72265, 72270, and the associated injection procedure, code 62284.

#### **Bundling of Lumbar Injection and Myelography Radiologic Supervision and Interpretation**

In CPT®2015 code set, the codes for intrathecal contrast administration via lumbar injection and X-ray myelographic radiologic supervision and interpretation (RS&I) will be bundled into a single new code, when both procedures are performed by the same physician or other qualified health care professional on the same patient on the same day. If one physician or other qualified health care professional performs the lumbar injection and another interprets the myelogram, then each procedure is still reported separately. This update does not apply to intrathecal contrast injection administered via cervical injection.

#### **Modifier 59**

After July 1, 2014, the National Correct Coding Initiative (NCCI) is recommending that modifier 59, Distinct Procedural Service, be added to the computed tomography (CT) of the spine with contrast code, if CT is performed subsequent to the myelogram on the same patient on the same day.

Modifier 59 identifies procedures and services that are not normally reported together but are appropriate under the circumstances. Modifier 59 designates a procedure that may be confused as duplicative to the service reported with another code, but is in actuality a distinct procedure.

Opacification of the cerebrospinal fluid (CSF) with intrathecal injection of iodinated contrast medium provides visualization of the thecal sac and surfaces of the nerve roots and spinal cord on plain film radiographs. A CT of the spine with intrathecal contrast provides cross-sectional imaging of the osseous structures, thecal sac contents, and surrounding soft tissues. CT post-processing techniques provide soft tissue detail with multiplanar reformations.

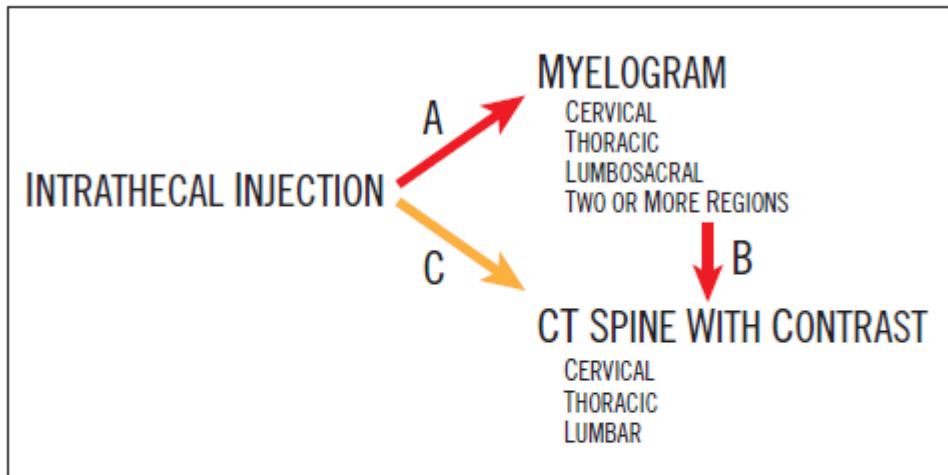
It is important to note that myelography should not be reported unless a complete myelographic procedure with full RS&I is performed. Myelography is not merely documentation of needle placement (see **Features Unique to Myelography** listed below). The supervision and interpretation for myelography should not be reported without the referring physician

or other qualified health care professional requesting an X-ray myelogram. Request for a CT of the spine with intrathecal contrast does not constitute adequate justification for the additional X-ray myelogram. These requests are best coded as the injection code for myelography (via a cervical or lumbar injection) and the subsequent CT of the spine with contrast code (refer to Coding Tip on page 4 and see Figure 1). If only the intrathecal injection and CT of the spine with contrast (without X-ray myelography) is performed, modifier 59 is not appended to the code for the CT of the spine with contrast. The X-ray myelogram code should only be used when an X-ray myelogram is specifically requested by the referring health care professional, and performed completely.

## Features Unique to Myelography

- A myelogram **is** the X-ray imaging study of the thecal sac and contents after injection.
- A myelogram **is not** a report describing only a few images documenting intrathecal needle placement.
- An X-ray myelogram **provides** imaging of the entire region of the spine on a single image. In some cases various special techniques may be used during the procedure, such as gravity via a tilt table, natural weight bearing, lateral bending, flexion, and hyperextension to detect lateral recess nerve root compression and spinal stenosis.

Figure 1. Imaging Scenarios Following Intrathecal Injection



- (A) Following intrathecal contrast administration, X-ray myelography of the spine must follow to visualize the thecal sac and contents.
- (B) CT of the cervical, thoracic, and/or lumbar spine with contrast may follow the X-ray myelogram with a physician order.
- (C) If only a CT with intrathecal contrast is ordered, then the CT scan immediately follows the injection with no X-ray myelogram.

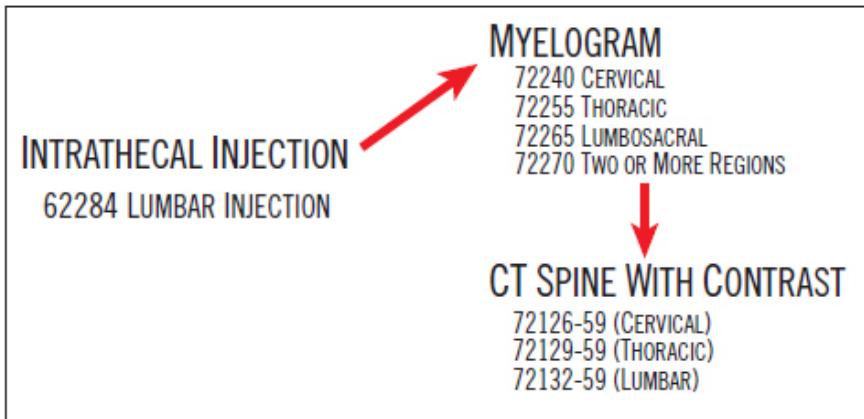
**Coding Tip**

CPT code 62284 is used to describe the needle placement via the lumbar approach into the thecal sac and contrast medium injection for myelography. Code 62284 is not used for diagnostic lumbar puncture. Instead, use code 62270, which is also called a spinal tap.

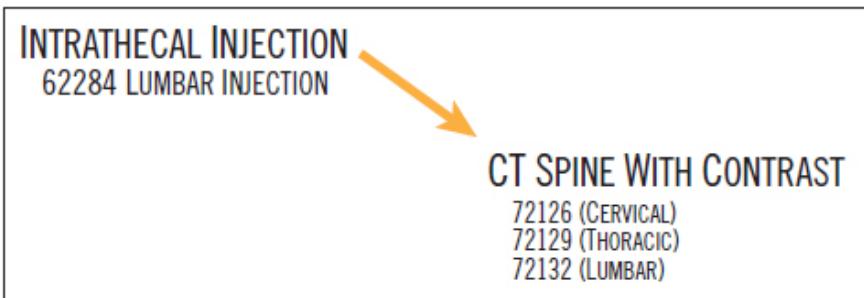
**Coding Tip**

After July 1, 2014, if a CT scan follows an X-ray myelogram, modifier 59 should be appended to the code for the CT of spine with contrast, in order to identify that the X-ray myelogram and CT scan are distinct procedures performed on the same patient on the same day (see Figure 2). If only a CT scan follows the injection, no modifier is appended (see Figure 3).

**Figure 2. Lumbar Injection, Myelographic Interpretation, CT Spine With Contrast After 7/1/2014 Until 2015: 1 or 2 Physicians**



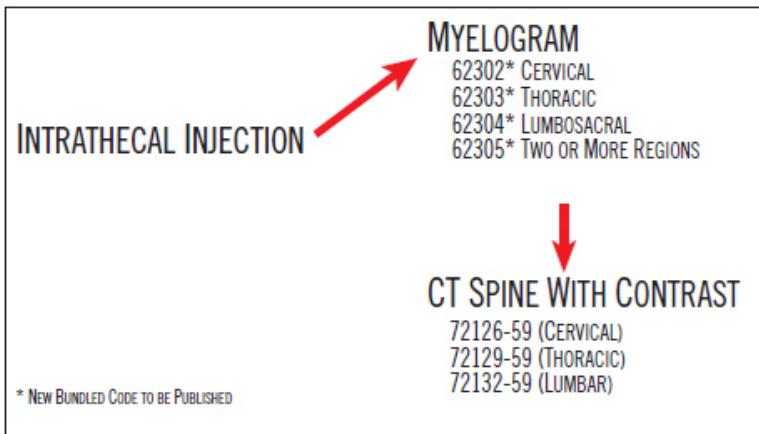
**Figure 3. Lumbar Injection, CT Spine With Contrast After 7/1/2014 Until 2015: 1 or 2 Physicians**



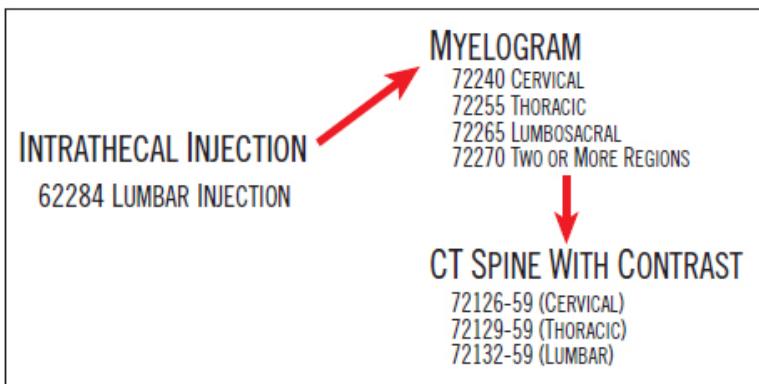
## Coding Tip

In the CPT® 2015 code set, the lumbar injection code and the X-ray myelogram RS&I code will be bundled if the same physician or other qualified health care professional does both (see Figure 4). When the lumbar injection is administered by one physician or other qualified health care professional and the myelogram is interpreted by another, code 62284 should be used by the first physician or other qualified health care professional, and the appropriate X-ray myelogram code by the subsequent physician or other qualified health care professional (see Figure 5). Modifier 59 is appended to the CT code when X-ray myelography is also performed to highlight both as distinct procedures, rather than duplicative, independent of the number of physicians involved. If no X-ray myelography is performed, no modifier is needed.

**Figure 4. Lumbar Injection, Myelographic Interpretation, CT  
Spine With Contrast 2015: 1 Physician**



**Figure 5. Lumbar Injection, Myelographic Interpretation, CT  
Spine With Contrast 2015: 2 Physicians**



**Coding Tip**

If CT of the spine with intrathecal contrast is ordered without X-ray myelogram, the intrathecal injection code (61055 for cervical, 62284 for lumbar) and CT of the spine with contrast is coded without modifier 59 (see Figure 6). 

**Figure 6. Lumbar Injection, CT Spine With Contrast After 2015.**

