Codify
BY AAPC

Eli's Rehab Report

Reader Questions: Bilateral Facet Injections

Question: How should we code the claim when the physiatrist performs two levels of bilateral facet injections on the cervical region with fluoroscopy?

Arizona Subscriber

Answer: Bill for the first level of cervical facet joint injections using 64470 (Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level) and the second level using the add-on code, +64472 (... cervical or thoracic, each additional level [list separately in addition to code for primary procedure]).

As for the bilateral nature of the injections, contact your carrier for specific guidelines. Some payers request that the practice list each injection on separate line items, with modifier -50 (Bilateral procedure) appended only to the second side. For instance, 64470, 64470-50; 64472, 64472-50. Other carriers prefer the code listed just once, with modifier -50 appended: 64470-50; 64472-50. The least common way (but still preferred by a few payers) is to use the left- and right-side modifiers, as follows: 64470-LT; 64470-RT; 64472-LT; 64472-RT.

Report 76005 (Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures [epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint], including neurolytic agent destruction) for the fluoroscopy. Remember that if you perform the procedure in the hospital or if you do not own the fluoroscopy equipment, you must append modifier -26 (Professional component) to 76005.