Eli's Rehab Report

You Be the Coder: Level Out Your Diskography Worries

Question: My doctor does different levels of the diskography. Is it appropriate to use 51 for each level? Most insurance carriers do not recognize each level when using modifier 51. I usually have to appeal, even when I attach the op notes with the claim. This is how my physiatrist normally indicates the procedure:

1st injection: 62290, 72295, 76005-26
2nd injection: 62290-51, 72295-51, 76005-26-51
3rd injection: 62290-51, 72295-51, 76005-26-51.

Oklahoma Subscriber

Answer: First, 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) is part of a National Correct Coding Initiative edit. This edit bundles 76005 into both 72285 (Diskography, cervical or thoracic, radiological supervision and interpretation) and **CPT 72295** (Diskography, lumbar, radiological supervision and interpretation).

You can bypass this fluoroscopy bundle if the physiatrist's services are separate and distinct. That means the physiatrist performs them either on a different spinal region for a different procedure or during a different session. If he performs the fluoroscopic guidance with the diskography, however, your provider's services do not meet the criteria to bypass this edit.

Note: The Office of Inspector General (OIG) reported to CMS regarding the inappropriate use of both modifiers 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) and 59 (Distinct procedural service) and the sizeable amount of money paid out incorrectly. Therefore, carriers are looking more actively at the use of these two modifiers.

Second, you should check your use of modifier 26 (Professional component). If your provider does not own or lease the radiologic machine or fluoroscopy unit and pay "fair-market" value for the technician's services, you should not bill for the global diskography radiological supervision and interpretation code. Instead, you should add modifier 26 to the appropriate spinal region diskography code (which would likely be 72295 in this case).

As for modifier 51 (Multiple procedures), you cannot append this modifier to bypass an NCCI edit. You should use this modifier to let your payer know that the second listing of the same code on the CMS 1500 form is not an error but a multiple procedure. Tactic: You can also report these services on a single line item by reporting 62290 with three units in the 24G field and 72295-26 with three units in the 24G field.