

Pain Management Coding Alert

Reader Question: Watch Place of Service for Correct Ultrasound Guidance Code

Question: Is it feasible to use ultrasound rather than fluoroscopy for guidance when inserting a lumbar epidural catheter for post operative pain? If so, can the ultrasound be submitted to the carrier? Which codes would apply?

Arkansas Subscriber

Answer: Medicare reimburses for ultrasound services when the services are within the scope of the provider's license and are deemed medically necessary. It is entirely up to the physician to choose which imaging services are required in a particular situation.

Office services: In the office setting, a physician who owns the equipment and performs the ultrasound guidance, may report the global/non-facility code and report the CPT® code without any modifier, such as 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], imaging supervision and interpretation). The current national non-facility fee for 76942 based on the Medicare conversion factor of \$35.8228 is \$74.15, with a total national non-facility RVU of 2.07.

Outpatient or ASC services: If the site of service is a hospital or an ASC (Ambulatory Surgical Center), append modifier 26 (Professional component) to the CPT® code for the imaging service. That's because even though the technical component of 76942 isn't approved for separate ASC payment to the facility, the physician will still get reimbursed for his work. Based on the Medicare Outpatient Prospective Payment System (OPPS), the technical component of image guidance procedures performed in the hospital outpatient department or ASC are considered a packaged service. This means that the payment to the facility for these services is included in the payment for the primary procedure.

Edits check: You'll likely choose 62319 (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; lumbar or sacral [caudal]) for the catheter placement. Current coding edits do not bundle the guidance into the catheter placement, so you should be able to submit both codes if the physician provides and clearly documents both services.