SPINE IMAGING

CT

Cervical Spine
72126 CT, cervical spine, with contrast material
72125 CT, cervical spine, without contrast material
76375 Coronal, sagittal, multiplanar, oblique, 3-D and/or holographic reconstruction of CAT, MRI or other tomographic modality [2D and/or 3D]

Notes: Modifier -52 is added to the base code for limited examination.
Code 76375 is supplemental, and should be added only if appropriate.
Combination exams (cervicothoracic): Primary area use full base code, secondary area use base code with -52 (limited) modifier [72125 and 72128 -52 for cervicothoracic]

Thoracic Spine
72129 CT, thoracic spine, with contrast material
72128 CT, thoracic spine, without contrast material
76375 Coronal, sagittal, multiplanar, oblique, 3-D and/or holographic reconstruction of CAT, MRI or other tomographic modality [2D and/or 3D]

Notes: Modifier -52 is added to the base code for limited examination.
Code 76375 is supplemental, and should be added only if appropriate.
Combination exams (thoracolumbar): Primary area use full base code, secondary area use base code with -52 (limited) modifier [72131 and 72128 -52 for thoracolumbar]

Lumbosacral Spine
72132 CT, lumbar spine, with contrast material
72131 CT, lumbar spine, without contrast material
76375 Coronal, sagittal, multiplanar, oblique, 3-D and/or holographic reconstruction of CAT, MRI or other tomographic modality [2D and/or 3D]

Notes: Modifier -52 is added to the base code for limited examination.
Code 76375 is supplemental, and should be added only if appropriate.
Combination exams (lumbosacral): Primary area use full base code, secondary area use base code with -52 (limited) modifier [72132 and 72129 -52 for lumbosacral]

Contrast Studies

Epidurogram – All regions
72275 -26 Epidurography, all regions, radiological supervision and interpretation
62310 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311 Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

Notes: Modifier -26 is appended by the physician to reflect the professional component of the procedure. HCPCS Level II modifier TC is appended by the facility to reflect the technical component. If global procedure is appropriately billed, no modifier is appended.
For epidurograms, it is presumed that contrast is injected, and films are taken and interpreted to assess whether contrast agent will disperse as desired.

Myelogram

Cervical
72240 -26 Myelography, cervical, radiological supervision and interpretation

And one of the following, as appropriate:
61055 Cisternal or lateral cervical [C1-C2] puncture; with injection of drug or other substance for diagnosis or treatment (C1-C2) [if C1-2 puncture is performed]
62284 Injection procedure for Myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) [if lumbar puncture is performed]
Notes: Modifier -26 is appended by the physician to reflect the professional component of the procedure. HCPCS Level II modifier TC is appended by the facility to reflect the technical component. If global procedure is appropriately billed, no modifier is appended.

If thoracic and cervical myelogram are performed, report primary codes for both procedures, with additional code 62284 as appropriate.

**Thoracic**
- 72255 -26 Myelography, thoracic, radiological supervision and interpretation
- 72129 -26 CT, thoracic spine; with contrast material *(report only if performed)*
- 62284 Injection procedure for Myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) *(if lumbar puncture is performed)*

Notes: Modifier -26 is appended by the physician to reflect the professional component of the procedure. HCPCS Level II modifier TC is appended by the facility to reflect the technical component. If global procedure is appropriately billed, no modifier is appended.

If thoracic and cervical myelogram are performed, report primary codes for both procedures, with additional code 62284 as appropriate.

**Lumbar**
- 72265 -26 Myelography, lumbosacral, radiological supervision and interpretation
- 72132 -26 CT, lumbar spine; with contrast material *(report only if performed)*
- 62284 Injection procedure for Myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) *(if lumbar puncture is performed)*

Notes: Modifier -26 is appended by the physician to reflect the professional component of the procedure. HCPCS Level II modifier TC is appended by the facility to reflect the technical component. If global procedure is appropriately billed, no modifier is appended.

**MRI**

**Cervical (report one of the following, as appropriate)**
- 72141 MRI, spinal canal and contents, cervical; without contrast material
- 72142 MRI, spinal canal and contents, cervical; with contrast material
- 72156 MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
- 72159 MR angiography, spinal canal and contents, with or without contrast material(s)

Notes: Combination exams: Primary area use full base code, secondary area use base code with -52 (limited) modifier; Upper thoracic routinely performed on Cervical spine sagittals and the T1 on axials is included. Codes can not be recorded separately.

Screening exams use base codes with -52 modifier (72141 -52 and 72146 -52)
Modifier -52 is added to the base code for limited examination

**Thoracic (report one of the following, as appropriate)**
- 72146 MRI, spinal canal and contents, thoracic; without contrast material
- 72147 MRI, spinal canal and contents, thoracic; with contrast material
- 72157 MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
- 72159 MR angiography, spinal canal and contents, with or without contrast material(s)

Notes: Combination exams: Primary area use full base code, secondary area use base code with -52 (limited) modifier. Routinely, a sagittal scout performed for numbering should not be coded as limited cervical or lumbar.

Screening exams use base codes with -52 modifier (72141 -52 and 72146 -52)
Modifier -52 is added to the base code for limited examination

**Lumbar (report one of the following, as appropriate)**
- 72148 MRI, spinal canal and contents, lumbar; without contrast material
- 72149 MRI, spinal canal and contents, lumbar; with contrast material
- 72158 MRI, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
- 72159 MR angiography, spinal canal and contents, with or without contrast material(s)

Notes: Combination exams: Primary area use full base code, secondary area use base code with -52 (limited) modifier. Lower thoracic spine is routinely on lumbar exams, sagittal images should not be additionally coked.

Screening exams use base codes with -52 modifier (72146 -52 and 72148 -52)
Modifier -52 is added to the base code for limited examination
Radiologic Exam

Cervical  \textit{(report one of the following, as appropriate)}
\begin{itemize}
  \item 72020  Radiologic exam, spine, single view, specify level
  \item 72040  Radiologic exam, spine, cervical; two or three views
  \item 72050  Radiologic exam, spine, cervical, minimum of four views
  \item 72052  Radiologic exam, spine, cervical; complete, including oblique and flexion and/or extension studies
\end{itemize}

Thoracic  \textit{(report one of the following, as appropriate)}
\begin{itemize}
  \item 72020  Radiologic exam, spine, single view, specify level
  \item 72070  Radiologic exam, spine, thoracic; two or three views
  \item 72080  Radiologic exam, spine; thoracolumbar, two views
  \item 72072  Radiologic exam, spine, thoracic; three views
  \item 72074  Radiologic exam, spine, thoracic, minimum of four views
\end{itemize}

Lumbosacral  \textit{(report one of the following, as appropriate)}
\begin{itemize}
  \item 72020  Radiologic exam, spine, single view, specify level
  \item 72100  Radiologic exam, spine, lumbosacral; two or three views
  \item 72080  Radiologic exam, spine; thoracolumbar, two views
  \item 72110  Radiologic exam, spine, lumbosacral, minimum of four views
  \item 72114  Radiologic exam, spine, lumbosacral; complete, including bending views
  \item 72120  Radiologic exam, spine, lumbosacral; bending views only, minimum of four views
  \item 72220  Radiologic exam, sacrum and coccyx, minimum of two views
\end{itemize}

Spinal Column  \textit{(report one of the following, as appropriate)}
\begin{itemize}
  \item 72020  Radiologic exam, spine, single view, specify level
  \item 72010  Radiologic exam, spine, entire, survey study, anteroposterior and lateral
  \item 72080  Radiologic exam, spine; thoracolumbar, two views
  \item 72069  Radiologic exam, spine, thoracolumbar, standing (scoliosis)
  \item 72090  Radiologic exam, spine, scoliosis study, including supine and erect studies
\end{itemize}

Guidelines for Reporting Radiologic Procedures

Administration of Contrast Materials: For codes that may be performed “without contrast” or “with contrast” for imaging enhancement, the phrase “with contrast” represents contrast material administered intravascularly, intrathecally or intra-articularly. Oral and rectal contrast alone does not qualify as an examination “with contrast” and should be coded “without contrast”.

CT: Report once per spinal region (cervical, thoracic or lumbar)

Diskography Supervision & Interpretation: Report once per spinal level (each level procedure performed, regardless of region)

Epidurography Supervision & Interpretation: Report once per spinal region (cervical, thoracic or lumbar)

Fluoro Guidance & Localization: Report once per spinal region (cervical, thoracic or lumbar)

Myleography Supervision & Interpretation: Report once per spinal region (cervical, thoracic or lumbar)

Supervision & Interpretation: When the same physician performs a procedure AND provides imaging supervision and interpretation, a combination of procedure codes outside the 70000 series plus imaging supervision and interpretation should be used.