

SPINE INTERVENTIONS

Bone Biopsy – Spine (all regions)

Percutaneous Bone Biopsy w/Fluoro or CT guidance

- 20225 Biopsy, bone, trocar, or needle; deep (e.g., vertebral body) [T5]
(Service includes procedure only)
- 20225 -51 -59 Biopsy, bone, trocar, or needle; deep (e.g., vertebral body) [L3]
(Service includes procedure only)
- 76003 -26 Fluoro guidance for needle placement, radiological supervision and interpretation [T5]
- 76003 -26 -59 Fluoro guidance for needle placement, radiological supervision and interpretation [L3]
- 76360 -26 CT guidance for needle placement, radiological supervision and interpretation [T5]
- 76360 -26 -59 CT guidance for needle placement, radiological supervision and interpretation [L3]

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.

Modifier -51 is appended to reflect an additional procedure performed at the same session by the same provider. Modifier -59 is appended to indicate a procedure or service was distinct or independent from other services performed on the same day. It also identifies procedures/services that are not normally reported together, but are appropriate under the circumstances.

When recording multiple modifiers to a single code, consult the local Medicare/Medicaid carrier and /or third party payor for coding requirements.

Diskography

Cervical or Thoracic

- 62291 Injection procedure for discography, each level; cervical or thoracic [C4-5]
(Service includes procedure only)
- 62291 -51 -59 Injection procedure for discography, each level, cervical or thoracic [C5-6]
(Service includes procedure only)
- 72285 -26 Diskography, cervical or thoracic, radiological supervision and interpretation [C4-5]
- 72285 -26 -59 Diskography, cervical or thoracic, radiological supervision and interpretation [C5-6]

Notes: When reporting (72285) radiological supervision and interpretation for discography, the anatomic localization for placement of the needle or catheter is inclusive of the formal contrast study. 76005 should not be additionally reported.

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Lumbar

- 62290 Injection procedure for discography, each level; lumbar [L3-4]
(Service includes procedure only)
- 62290 -51 -59 Injection procedure for discography, each level; lumbar [L4-5]
(Service includes procedure only)
- 72295 -26 Diskography, lumbar, radiological supervision and interpretation [L3-4]
- 72295 -26 -59 Diskography, lumbar, radiological supervision and interpretation [L4-5]

Notes: When reporting (72295) radiological supervision and interpretation for discography, the anatomic localization for placement of the needle or catheter is inclusive of the formal contrast study. 76005 should not be additionally reported.

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Epidural Injections

Cervical or Thoracic – Transforaminal (Selective Nerve Root Block / Selective Epidural)

- 64479 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, unilateral, single level [C5-6]
- 64479 -50 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, bilateral, single level [C5-6 left & right]
- 64480 ... cervical or thoracic, unilateral, each additional level [C6-7]
- 64480 -50 ... cervical or thoracic, bilateral, each additional level [C6-7 left & right]
- 76005 -26 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.

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.

Modifier -50 is added to the base code if a bilateral single level procedure is performed. If a bilateral multiple level procedure is performed, the modifier -50 should be added to the base code and also to the additional level code to reflect the bilateral procedure.

Consult your insurance carrier regarding appropriate reporting of the bilateral modifier. Local payor rules may vary from AMA coding rules.

Cervical or Thoracic – Translaminar (Interlaminar Epidural)

- 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
- 76005 -26 Fluoro 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.

Note: 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.

Lumbosacral – Transforaminal (Selective Nerve Root Block / Selective Epidural)

- 64483 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, unilateral, single level [L5-S1]
- 64483 -50 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, bilateral, single level [L4-5 left & right]
- 64484 ... lumbar or sacral, unilateral, each additional level [L5-S1]
- 64484 -50 ... lumbar or sacral, bilateral, each additional level [L5-S1 left & right]
- 76005 -26 Fluoro 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.

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.

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Lumbosacral – Translaminar (Interlaminar Epidural) w/ or wo/ Trochanteric Bursal Injection

- 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; cervical or thoracic

76005 -26 Fluoro 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.

20610 -51 -59 Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)

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.

Modifier -51 is appended to reflect an additional procedure performed at the same session by the same provider. Designated add-on codes are modifier exempt.

Modifier -59 is appended to reflect a separate site. When recording a modifier -59, two separate diagnoses are required.

When recording multiple modifiers to a single code, consult the local Medicare/Medicaid and/or third party payor for coding requirements.

Epidural Blood Patch

62273 Injection, epidural, of blood or clot patch

Lysis of Epidural Adhesions

62263 Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days

Note: This treatment techniques involves several different injection techniques occurring over a several-day period, 62263 should be reported once even though several injection treatments are performed over one or more days (not for use on single injection procedure)

A single day injection procedure is reported with 62264.

62263 and 62264 include 76005. Do not report 62263 with 62264.

Facet Joint / Nerve Injections, w/Fluoro Guidance

Cervical or Thoracic

64470 Injection, anesthetic agent and/or steroid, unilateral, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level [C4-5] [T3-4] [C4-5 joint]

64470 -50 Injection, anesthetic agent and/or steroid, bilateral, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level [C3-4 left & right] [C4-5 joint]

64472 ... cervical or thoracic, unilateral, each additional level [C5-6] [T4-5] [C4-6 joint]

64472 -50 ... cervical or thoracic, bilateral, each additional level [C5-6 left & right] [T1-2 joint]

76005 -26 Fluoro 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.

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.

Modifier -50 is added to the base code if a bilateral single level procedure is performed. If a bilateral multiple level procedure is performed, the modifier -50 should be added to the base code and also to the additional level code to reflect the bilateral procedure.

Consult your insurance carrier regarding appropriate reporting of the bilateral modifier. Local payer rules may vary from AMA coding rules.

Lumbosacral

64475 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, unilateral, single level [L3-4] [L3-4 joint]

64475 -50 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, bilateral, single level [L3-4 left & right] [L4&5 joint]

- 64476 ... lumbar or sacral, unilateral, each additional level [L4-5] [L4-5 joint]
- 64476 -50 ... lumbar or sacral, bilateral, each additional level [L4-5 left & right] [L5-S1 joint]
- 76005 -26 Fluoro 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.

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.

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Sacroiliac Joint Injections w/Fluoro guidance

- 27096 Injection procedure for sacroiliac joint arthrography or anesthetic/steroid, unilateral
- 27096 -50 Injection procedure for sacroiliac joint arthrography or anesthetic/steroid, bilateral
- 76005 -26 Fluoro 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.

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.

Modifier -50 is added to the base code if a bilateral single level procedure is performed. If a bilateral multiple level procedure is performed, the modifier -50 should be added to the base code and also to the additional level code to reflect the bilateral procedure.

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Intercostal Nerve Block w/Fluoro guidance

- 64420 Injection, anesthetic agent; intercostal nerve, single level
- 64421 Injection, anesthetic agent; intercostal nerve, multiple levels, regional block
- 76003 -26 Fluoro guidance for needle placement (biopsy, aspiration, injection, localization device)

Note: 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.

Paravertebral Facet Joint Nerve Destruction by Neurolytic Agent (Medial Branch RF Ablation / Medial Branch Rhizotomy / Medial Branch Neurotomy)

Cervical and/or Thoracic

- 64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, unilateral, single level [C4-5 joint] [T2-3 joint]
- 64626 -50 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, bilateral, single level [C3-4 joint] [T4-5 joint]
- 64627 ... cervical or thoracic, unilateral, each additional level [C5-6 joint] [T3-4 joint]
- 64627 -50 ... cervical or thoracic, bilateral, each additional level [C4-5 joint] [T5-6 joint]
- 76005 -26 Fluoro 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.

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.

Modifier -50 is added to the base code if a bilateral single level procedure is performed. If a bilateral multiple level procedure is performed, the modifier -50 should be added to the base code and also to the additional level code to reflect the bilateral procedure.

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Lumbosacral

- 64622 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, unilateral, single level [L3-4 joint]
- 64622 -50 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, bilateral, single level [L2-3 joint]
- 64623 ... lumbar or sacral, unilateral, each additional level [L4-5 joint]
- 64623 -50 ... lumbar or sacral, bilateral, each additional level [L5-6 joint]
- 76005 -26 Fluoro 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.

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.

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Sympathetic Diagnostic/Therapeutic Injections w/Fluoro Guidance

Cervical (Stellate Ganglion)

- 64510 Injection, anesthetic agent, stellate ganglion (cervical sympathetic)
- 76003 -26 Fluoro guidance for needle placement (biopsy, aspiration, injection, localization device)

Note: 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.

Thoracic, Lumbar

- 64520 Injection, anesthetic agent, lumbar or thoracic (paravertebral sympathetic)
- 76003 -26 Fluoro guidance for needle placement (biopsy, aspiration, injection, localization device)

Note: 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.

Trigger Point Injections

- 20552 Injections; single or multiple trigger point(s), one or two muscles
- 20553 Injections; single or multiple trigger point(s), three or more muscles

Vertebroplasty

- 22520 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; thoracic [T9]
- 22521 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; lumbar [L2]
- 22522 ... each additional thoracic or lumbar vertebral body [T10] [L3]
- 76012 -26 Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; *under Fluoro guidance* [T9]
- 76012 -26 -59 Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; *under Fluoro guidance* [T10] [L3]

76013 -26 Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; *under CT guidance* [T9] [L2]

76013 -26 -59 Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; *under CT guidance* [T9] [L3]

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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.