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MEMORANDUM

TO: All Interested Persons

FROM: ASA Committee on Economics

DATE: March 19, 2007

RE: Fluoroscopic Guidance for Spinal Injections

Fluoroscopic Guidance (Code 77003) Is NOT Bundled With Spinal Injections

ASA has received reports of much payer confusion as to whether fluoroscopic guidance is bundled into spinal injection procedures. It is not. This document discusses payment and reporting policy for fluoroscopic guidance of spinal injections. From 2000 through 2006, this was described by CPT® code 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*. In 2007, this was renumbered to 77003– *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*. The service (and descriptor) is identical and the coding and payment considerations are not changed with the renumbering.

Fluoroscopic guidance is reported and valued separately from spinal injection procedures. CPT instructions are clear and unequivocal. Medicare and other payers who use the CCI edits allow the reporting of 77003 along with codes

62270	Spinal puncture, lumbar, diagnostic
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	Injection, epidural, of blood or clot patch
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)

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)
62318 Injection, including catheter placement, continuous infusion or intermittent bolus, 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
62319 Injection, including catheter placement, continuous infusion or intermittent bolus, 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)
64470 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level
64475 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476 Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level
64479 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480 Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level
64483 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484 Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level
64622 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level
64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level

The relative values assigned to these spinal injection codes do not include the physician work involved in fluoroscopic guidance. It is incorrect to bundle 77003 with these spinal injection codes.

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Supporting Rationale:

1. CPT® provides for separate and distinct reporting

According to the introductory notes to the spinal injection section of the Current Procedural Terminology (CPT® book,

> *"**Injection of contrast** during fluoroscopic guidance and localization is an inclusive component of codes 62263- 62264, 62270-62273, 62280-62282, 62310-62319, 0027T. **Fluoroscopic guidance and localization** is reported by code 77003, unless a formal contrast study (myelography, epidurography, or arthrography) is performed, in which case, the use of fluoroscopy is included in the supervision and interpretation codes." (Emphasis added.)*

Although injection of contrast is an inclusive component of the spinal injections listed, fluoroscopic guidance is not. The CPT® text above clearly establishes that it is correct to report both the fluoroscopic guidance and the pain procedure when the procedure is done under fluoroscopy. Only the injection of contrast is bundled.

A code to report fluoroscopic guidance *(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)* - originally 76005 but renumbered as 77003 in 2007 - was added to CPT® starting in 2000 because the original fluoroscopy code, 76000 - *Fluoroscopy, (separate procedure), up to 1 hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy),* created some confusion about the way – but not the need – to report fluoroscopic guidance separately. As stated in the issue of *CPT Assistant* explaining CPT® changes for 2000 (Volume 9, Issue 11, November 1999),

> *Fluoroscopic assistance may or may not be required to visualize and identify specific spinal anatomy in the performance of either epidural or subarachnoid injection procedures 62270-62273, 62280-62282, 62310-62319. Prior to CPT 2000, since none of the spinal injection codes included fluoroscopic guidance and localization for placement for the needle or catheter, it was recommended that that fluoroscopy code 76000 be additionally reported. Because code 76000 is designated as a "separate procedure", there was confusion related to its reporting in conjunction with the spinal injection procedures. Therefore, a new fluoroscopic guidance and localization code 76005 has been added to the radiology section…*
>
> *Code 76005 identifies the fluoroscopic "guidance" to assist in accurately localizing specific spinal anatomy for placement of a 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. Code 76005 should be reported in conjunction with codes 62270-62273, 62280-62282, 62319-62319, when fluoroscopic guidance is required in the performance of these injection procedures. Since fluoroscopic guidance is required to perform paravertebral facet joint and paravertebral facet joint nerve with destruction by neurolytic agent or sacroiliac joint injections, code 76005 should be additionally reported in conjunction with codes 64470-64476, 64479-64484 and 64622-64627; and in certain circumstances, with code 27096.*

Subsequent *CPT Assistant* articles in the January and February 2000 issues repeated the critical language **"code 76005 should be additionally reported"** when fluoroscopic guidance and localization is performed in conjunction with the epidural, subarachnoid, transforaminal, facet joint and paravertebral facet joint injections.

In a November 20, 2003 letter to Sharon Merrick at the American Society of Anesthesiologists, Catherine Duffy, Director, CPT Information and Education Services confirmed that "…**from a CPT coding perspective code 76005 may be separately reported in addition to codes 62270-62273, 62280-62282, 62310-62319, and 64470-64484.**"

It is therefore quite inconsistent with the CPT® book and coding system to treat fluoroscopic guidance as an included component of the pain medicine procedures in question. While the code number has been changed since these instructions were issued, the instructions are still valid and are as relevant to code 77003 as they were to code 76005.

2. <u>The Correct Coding Initiative (CCI) Does Not Bundle 77003 with the Spinal Injection Codes</u>

The CCI is used by Medicare and numerous private payers to determine whether a given procedure is an included component of another procedure. The CCI system consists of tens of thousands of "edits" or code pairs that prohibit the separate reporting of the Column 2 "component" code along with the Column 1 "comprehensive" code. There are no edits bundling 77003 with the spinal injection codes 62270-62273, 62280-62282, and 62310-62319.

3. <u>The Relative Values for the Spinal Injections Codes Are Exclusive of Fluoroscopic Guidance.</u>

The work values assigned to the spinal injections under the Resource-Based Relative Value Scale (RBRVS) do not account for fluoroscopic guidance, which is assigned 0.60 relative value units (RVUs) for physician work. If the 0.60 RVUs for 77003 were deducted from the values of the spinal injections, on the assumption that fluoroscopic guidance is normally bundled, the remaining RVUs would be implausibly low.

For example, subtracting the 0.60 RVUs from code 62311 (epidural or subarachnoid injection, single, lumbar) would reduce the value of an epidural injection from 1.54 to 0.94 RVUs for physician work. (The RVUs discussed in this memo are limited to those for physician work; relative values for practice expenses and professional liability costs are not in issue.) Other procedures valued at that level include:

- Diaphragm fitting (code 57170, 0.91 RVUs),
- Removal of foreign body from the external eye (code 65222, 0.93 RVUs), and
- Carpal tunnel injection (code 20526, 0.94 RVUs).

Code 62311 is significantly more complex than the procedures listed above because while all of those are done with direct visualization, lumbar or caudal epidural steroid injections depend upon the skill of the practitioner to sense the entry of the needle into the correct space by feel and, sometimes, with confirmation by using fluoroscopy. None of the three comparison procedures require access to the spine and spinal nerves; error in the performance of 62311 would have far graver consequences. There is the potential for unintended injection of medication into epidural veins (with potential for seizure) or into the subarachnoid space with possible total spinal or direct damage to the spinal cord or nerves. These are far more significant risks than those relevant to carpal tunnel injections, diaphragm fittings or the removal of foreign bodies from the eye.

Moreover, epidural injections sometimes require fluoroscopic guidance and localization, but at other times, fluoroscopy is not medically necessary. The RVUs for 77003 represent 40% of the total actual

work value of the epidural (1.54). It would be illogical to value the entire procedure identically without regard to whether or not fluoroscopic guidance is performed. To do so would imply that the epidural alone is worth either 0.94 or 1.54 relative value units. It must be one or the other, however, and the RBRVS assigns 1.54 RVUs to the epidural itself.

Consider another example: a transforaminal injection in the lumbar or sacral region (code 64483, 1.90 RVUs), which can only be performed under fluoroscopic guidance and visualization. If the 0.60 RVUs for the fluoroscopy -- that are included when the two procedures are bundled -- were removed, the value of the injection procedure would be reduced to 1.30 RVUs. That is less than the actual value of the epidural injection without fluoroscopic guidance and almost identical to the 1.27 RVUs assigned to a much less complex peripheral nerve injection of an anesthetic agent (code 64450). The peripheral nerve injections are always performed without fluoroscopic guidance and localization.

Other procedures with comparable values include:

- Esophageal motility study (code 91010, 1.25RVUs),
- Needle biopsy of breast (code 19100, 1.27 RVUs), and
- Anoscopy (code 46604, 1.31 RVUs).

When performing the procedure described by code 64483, the physician inserts a needle via the extremely small aperture (size of small shirt button hole) in the spinal canal through which the nerve root exits on its way to the extremities. The task is to place the needle in that aperture next to that nerve root without injuring either the nerve root or the blood vessels in close proximity, or without entering too far and breaching the dura, thereby inadvertently injecting medication there and causing a total spinal anesthetic or other nerve damage or paralysis. This procedure must be done without the 'feel' that is possible with the traditional trans-laminar epidural injection (62311) and is completely dependent upon the operator's ability to use fluoroscopy to determine the correct angle and depth to accomplish the safe entry into the nerve root's lair. By comparison, the procedures in the bullet list above are all accomplished with direct naked eye visualization of the placement of the instrument. They do not require the injection of medication that could lead to a life threatening reaction if the needle were placed incorrectly. The bulleted procedures are not comparable to a transforaminal injection and the differences should be reflected in the RVUs.

This statement is issued by the ASA Committee on Economics and has not undergone review by the Board of Directors or House of Delegates of the American Society of Anesthesiologists.