

news brief

Business information and news from Premera Blue Cross

April 13, 2004

PAYMENT POLICY UPDATE **Fluoroscopy – CPT 76005**

We aligned our claims payment systems to allow separate reimbursement for Fluoroscopy service with specific pain management CPT codes listed below. This is effective with claims processed on or after April 12, 2004.

Reimbursement

Premera will allow separate reimbursement for procedure 76005 when performed on the same day, by the same provider for the spinal injection procedure codes listed below. When billing this Fluoroscopy service with CPT code 76005, use the appropriate location codes.

Applicable CPT Codes

76005	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
62270	Spinal puncture, lumbar, diagnostic
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/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
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (list separately in addition to code for primary procedure)
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 (list separately in addition to code for primary procedure)
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 (list separately in addition to code for primary procedure)
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 (list separately in addition to code for primary procedure)
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 (list separately in addition to code for primary procedure)
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 (list separately in addition to code for primary procedure)

This policy applies to all professional claims for commercial products, including Participating (Traditional), Preferred (PPO) and Dimensions (Foundation, Access, Global and Heritage).

Final payment is subject to Premiera's fee schedule and payment policies, a member's eligibility, coverage and benefit limits at the time of service and claims adjudication edits common to the industry.

We perform random audits to ensure services are billed appropriately. As part of the audit process, we may request medical records supporting use of these codes.

For claims related questions, please call our Customer Service department at option 2 (below). If you have questions about this News Brief, contact our Provider Relations team at option 4 (below).



Call Premiera Blue Cross at **1-877-342-5258**, then select one of the following options:

- 1** – To reach the direct extension of a Premiera employee
- 2** – Customer Service (claims status, payment vouchers, member eligibility and benefits or self-service integrated voice recognition line IVR)
- 3** – Care Management (inpatient admissions, medical necessity questions, case management)
- 4** – Health Care Delivery Systems/Physician and Provider Relations (PNR) Team
- 5** – Premiera Web Site (questions or technical problems)
- 0** – To speak with an operator.

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