The following is provided to clarify the use of fluoroscopy and the proper reporting of conventional radiographic and contrast-enhanced computed tomography (CT) and magnetic resonance imaging (MRI) arthrography codes. Specifically, clarification of sacroiliac joint arthrography coding is provided, as code 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid) is being misused quite frequently to report ‘blind’ injections into the gluteus musculature. This misuse of the code prompted the creation of claims processing software to automatically flag claims any time 27096 is not reported in conjunction with 77003. In order to correct the misuse, the ACR and other specialty societies agreed to provide clarification and educational guidance on arthrographic procedures.

For many radiologic procedures, such as arthrography, fluoroscopy is the radiologic technique by which images are produced. When an imaging code is created and valued, the use of fluoroscopy is valued into the imaging code. For conventional radiographic arthrography, the fluoroscopy performed has been valued into the radiological supervision and interpretation (RS&I) imaging codes (70000 series CPT® codes). For example, the performance of a radiographic sacroiliac (SI) joint arthrography procedure is reported by code 27096 to describe the injection of contrast into the SI joint and code 73542 to describe the RS&I imaging. A complete arthrography as described by code 73542 is a diagnostic radiography procedure which requires the injection of contrast into the joint, multiple radiographic images of the joint and is followed by a formal interpretation and report of those images. The fluoroscopy code is not reported separately, as fluoroscopy has been valued into the imaging code 73542. It is appropriate, however, to report the fluoroscopic guidance code 77003 (spine or paraspinous diagnostic or therapeutic injection) in conjunction with 27096 when formal arthrography (73542) is not performed. Note that fluoroscopy guidance codes 77002 or 77003 may be used in conjunction with the arthrography procedure codes only when formal arthrography is not performed, recorded and a formal radiologic report is not provided, as all arthrography procedures require imaging confirmation of intra-articular needle positioning.

Joint Injection for Intra-articular Contrast Enhanced CT or MR

If fluoroscopic guidance is performed for a joint injection for intra-articular contrast enhanced CT or MR arthrography and no conventional radiographic arthrography procedure is performed, it is appropriate to separately report the fluoroscopic guidance code. The fluoroscopy used for an intra-articular injection for an enhanced CT or enhanced MR arthrography (typically a mixture of saline, marcaine and nonionic contrast media and/or gadolinium) involves additional physician work. This physician work is separate from the work included in the monitoring and interpretation of the contrast enhanced images included in the CT or MR “with contrast” procedures. For example, a CT with contrast arthrography (without anesthesia) study of the hip would be reported with 27093 for the injection, 77002 for the fluoroscopic guidance and 73701 for the CT with contrast arthrogram.

Note that when combined CT or MRI and conventional radiographic arthrography studies are performed, it would not be appropriate to report the fluoroscopic guidance code separately. As mentioned previously, the fluoroscopic guidance for needle placement is included in the arthrography RS&I code (70332, 70340, 73085, 73115, 73542, 73525, 73580, 73615). For example, a combined radiographic and CT with contrast arthrography of the knee would be reported with CPT® code 27370 for the injection, 73580 for the conventional radiographic arthrography, and 73701 for the CT arthrography. In this scenario, the RS&I code, 73580, includes fluoroscopy; therefore, code 77002 is not reported separately.

The following table will help to assist in determining the appropriate arthrography codes to report.

<table>
<thead>
<tr>
<th>Joint</th>
<th>Injection CPT code</th>
<th>Radiographic Arthrogram (includes fluoroscopic guidance)</th>
<th>CT Arthrogram (does not include fluoroscopic guidance)*</th>
<th>MR Arthrogram (does not include fluoroscopic guidance)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMJ</td>
<td>21116</td>
<td>70332</td>
<td>70487</td>
<td>None</td>
</tr>
</tbody>
</table>
Shoulder  23350  73040  73201 or 73202  73222 or 73223
Elbow  24220  73085  73201 or 73202  73222 or 73223
Wrist  25246  73115  73201 or 73202  73222 or 73223
Sacroiliac Joint  27096  73542**  None  None
Hip  27093 or 27095  73525  73701 or 73702  73722 or 73723
Knee  27370  73580  73701 or 73702  73722 or 73723
Ankle  27648  73615  73701 or 73702  73722 or 73723

*If no conventional radiographic arthrogram is performed and fluoroscopy is used for contrast injection, add code 77002 or 77003.

The charge for the contrast material (eg, low osmolar contrast, paramagnetic imaging agent) used during an enhanced CT or MRI study also should be reported using a Healthcare Common Procedure Coding System (HCPCS) Level II code (eg, A9579, Q9965). If the contrast or paramagnetic imaging agent is reimbursed by the Medicare Administrative Contractor, carrier or intermediary, the discarded or non-administered portion from a single-use vial or package also will be reimbursed. Medicare issued Transmittal 1248 (CR 5220) in 2007 to allow coverage for discarded drugs and biologicals. Please note, however, that the coverage of the discarded contrast does not include those agents supplied in multi-use packages.

Correct Coding Initiative Edit Deletions

The National Correct Coding Initiative edits for arthrography codes 27093/77002, 27095/77002 and 27370/77002 have been deleted (effective April 1, 2010). See the January/February 2010 ACR Radiology Coding Source for more details on the deletion of these arthrography injection edits.

Any ACR member who has a question regarding this article may contact the ACR economics and health policy department at (800) 227-5463, ext. 4587.

Footnotes:

References:
ACR Radiology Coding Source, May/June 2007, Medicare to Cover Discarded Drugs and Biologicals.