

# Epidurogram Checklist

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Based on what *CPT Assistant* guidelines say that these reports should include, below is a check-list with these elements to assist physicians and coders to determine whether or not to bill 72275.

## **Epidurogram (72275)**

- \_\_\_\_\_ Diagnostic epidurogram performed, supervised and interpreted
- \_\_\_\_\_ A formal radiologic report is prepared separated from the injection procedure(s)
- \_\_\_\_\_ A diagnostic evaluation following an injection of contrast
- \_\_\_\_\_ Permanent “hardcopy” images in multiple planes of a specific anatomic region (ie, cervical, thoracic, lumbar) are placed in the patient’s record and kept on file
- \_\_\_\_\_ The degree of fluid flow (or lack thereof) in the epidural space is obtained and documented
- \_\_\_\_\_ Area(s) of scarring, nerve constriction, possible nerve inflammation (obstructions) in the epidural space are/are not seen & documented
- \_\_\_\_\_ Epidurographic findings aid in evaluating potential treatment options

To further assist physicians and coders, below are some examples of billable epidurograms, based on the above checklist.

## **Example #1 – Epidurogram (diagnostic study) – CPT 72275**

Procedure: Intraoperative lumbar epidurography

The patient underwent lumbar epidural steroid injection today with hard-copies on file. The intervertebral space L4-L5 and L5-S1 were viewed using AP and lateral projection and negative contrast technique. Moderate degenerative changes intervertebral space L4-L5 and L5-S1 with decreased height at least 40 percent. Bone anterior and some posterior bony spurs and moderate degree endplates degeneration noted. No leakage of contrast through the disc membrane identified. Anterior epidural spread of the contrast appeared to be normal as well as in AP projection where the contrast spread to both sides of the epidural space.

Conclusion:

Moderate degenerative changes intervertebral space on the level L4-L5 and L5-S1 with posterior disc prolapse impinging vertebral sac.

## **Epidurogram (72275)**

- \_\_\_Y\_\_\_ Diagnostic epidurogram performed, supervised & interpreted
- \_\_\_Y\_\_\_ A formal radiologic report is prepared separated from the injection procedure(s)
- \_\_\_Y\_\_\_ Diagnostic evaluation following an injection of contrast

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- Y Permanent "hardcopy" images in multiple planes of a specific anatomic region (ie, cervical, thoracic, lumbar) are placed in the patient's record and kept
- Y The degree of fluid flow (or lack thereof) in the epidural space is obtained and documented
- Y Areas of scarring, nerve constriction, possible nerve inflammation (obstructions) in the epidural space are/are not seen and documented

## **Example #2 – Epidurogram (diagnostic study) – 72275**

Description of procedure: The patient underwent lumbar epidural steroid injection today. The epidural was observed at the level of L4-L5 under AP and lateral fluoroscopic guidance. 2cc of Omnipaque 240 contrast was injected that evenly spread from level L3 to S1 level with posterior-anterior dye spread bilaterally at level of L4-L5 and L5-S1. There appeared to be a moderate degree spondylosis at level of L4-L5 and moderate degree of spondylosis at the level of L5-S1 with disc protrusion at the level of L4-L5. The intervertebral disc height at the level of L4-L5 was slightly less than normal and intervertebral disc height at the level of L5-S1 was well maintained. The neural foramen appeared to be patent.

### Conclusion:

Good epidural dye containment from L3-S1 with intervertebral disc protrusion at the level of L4-L5, maintaining less than normal intervertebral disc height at level L4-L5. Spondylosis noted at the level of L4 through S1. Hard copies of the images are on file.

## **Epidurogram (72275)**

- Y Diagnostic epidurogram performed, supervised and interpreted
- Y A formal radiologic report is prepared separated from the injection procedure(s)
- Y Diagnostic evaluation following an injection of contrast
- Y Permanent "hardcopy" images in multiple planes of a specific anatomic region (ie, cervical, thoracic, lumbar) are placed in the patient's record and kept
- Y The degree of fluid flow (or lack thereof) in the epidural space is obtained and documented
- Y Areas of scarring, nerve constriction, possible nerve inflammation (obstructions) in the epidural space are/are not seen and documented

### References:

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