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AAPM Position Statement: CPT Code 76005

The Coding and Reimbursement Committee (CRC) of the American Academy of Pain Medicine (AAPM) continues to receive numerous complaints from our members regarding denial of payment for CPT code 76005. The rejection letters state that "76005 is an integral part of the procedure and is not reparably reimbursable," and that their medical consultants have relied "on the opinions and position statements of the major specialty societies."

It is the opinion of the AAPM that nothing could be farther from the truth. The AMA's CPT code book clearly states that 76005 is a separate billable code when used in conjunction with spinal injection codes, as listed in the CPT. This has been corroborated by CPT and was very clearly stated in the CPT advisor. It also has been approved at the RUC committee of AMA.

The AAPM has NEVER taken the position that 76005 is an integral part of the spinal injections and, therefore, not a separate billable procedure. Nor are we aware of any other "Major Specialty Society" that has done so. In fact, every other pain medicine related medical society has spoke out against this.

Denial of payment for 76005 is also not "an accepted industry standard" as we have seen quoted in denial letters. It is paid for by most carriers and accepted also by CMS.

The only basis we have found for denial of payment of 76005 is a private industry consultant group who recently recommended nonpayment for 76005. They based this on the grounds that 76005 was "included in the valuation of the primary spinal injection codes". This in fact is an error. During a meeting of the Practice Expense Advisory Committee (PEAC) of the RUC, allocation for time in the fluoroscopy suite was accidentally included under the "practice expenses" for some of the spinal injection procedure codes. This in no way included any of the physicians component in the valuation and has since been corrected. AAPM worked with PEAC to correct the error. This has now been fixed. Unfortunately the final publication of this fix may not be published in the Federal Registry until the end of the year.

The fluoroscopy code was developed and listed as a separate billable item by CPT. This was done because in some practice settings a separate physician (a radiologists) performs the work for this and bills for that component separately. The work and expense of the fluoroscopy is not included in the primary procedure code. The AMA's RUC section has gone over this in detail and supported this.

Insurance payors need to be sure to understand that fluoroscopy is not merely used to "assist with a successful outcome." It is performed to insure the safety of the patient. For example, transforaminal injections require the placement of a needle in the same hole where the spinal nerve is exiting. There is a very significant risk of possible damage to the nerve or, at the very least, of it causing the patient a great deal of pain by striking the nerve with the tip of the needle when placing it in blindly.



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The CRC of AAPM is composed of experts in the field who have been working with CPT, RUC and Insurance carriers to correct this problem. Most carriers who had expressed that 76005 was included in the procedure code and therefore "non-payable" are changing this policy due to our work.

We welcome any industry group that wishes to discuss this or any other billing problem in pain medicine to contact us.

Sincerely

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