## Discography
### Procedure coding and Medicare payment

<table>
<thead>
<tr>
<th>CPT code¹</th>
<th>Description</th>
<th>Physician²</th>
<th>Relative Value Units (RVUs)</th>
<th>Hospital outpatient³</th>
<th>Ambulatory surgery center²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Payment in office</td>
<td>Payment in facility</td>
<td>Non-facility</td>
<td>Facility</td>
</tr>
<tr>
<td>62290</td>
<td>Injection procedure for discography, each level; lumbar</td>
<td>$333.99</td>
<td>$175.27</td>
<td>9.28</td>
<td>4.87</td>
</tr>
<tr>
<td>72295</td>
<td>Discography, lumbar, radiological supervision and interpretation</td>
<td>$98.97</td>
<td>N/A</td>
<td>2.75</td>
<td>N/A</td>
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<tr>
<td>72295-26</td>
<td></td>
<td>$44.27</td>
<td>$44.27</td>
<td>1.23</td>
<td>1.23</td>
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<tr>
<td>62291</td>
<td>Injection procedure for discography, each level; cervical or thoracic</td>
<td>$331.83</td>
<td>$173.47</td>
<td>9.22</td>
<td>4.82</td>
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<tr>
<td>72285</td>
<td>Discography, cervical or thoracic, radiological supervision and interpretation</td>
<td>$114.09</td>
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<td>3.17</td>
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<td>72285-26</td>
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<td>$61.18</td>
<td>$61.18</td>
<td>1.70</td>
<td>1.70</td>
</tr>
</tbody>
</table>

¹ CPT code
² Physician
³ Hospital outpatient
⁴ Ambulatory surgery center

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Reimbursement Solutions
Questions? 855 899 9901
(Monday - Friday, 7am - 5pm MT)
References


2 Note that the addenda containing the most recent relative value units and conversion factor used to calculate Medicare physician payment rates are available on the CMS web site, via the link for Physician Fee Schedule Addendum B at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PPS-Federal-Regulation-Notices-Items/CMS-1676-F1.html.

Medicare national average physician payment rates listed in this document are based on the November 2017 release of the relative value file and conversion factor of $35.99.

3 The addenda containing relative weights, payment rates, wage indices, and other payment information are no longer printed in the Federal Register. Instead, the addenda are available only on the CMS web site. Addenda relating to the OPPS are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1678-FC.html under the OPPS Addenda tab and addenda relating to the ASC payment system are on the same link under “Final Changes to the Ambulatory Surgical Center Payment System and CY 2018 Payment Rates.”


Notes

• “N/A” indicates that this concept does not apply, or that Medicare has not developed fee schedules in those settings of care.

• Injection procedures performed on multiple levels should be documented by reporting the CPT code only once, and then stating the units performed.

• Injections are packaged into other services provided in the hospital outpatient and ambulatory surgery center settings.

• For Medicare, discography is reimbursed if it is the only procedure being performed. In that case, it is paid under APC 5431. Otherwise the injection procedure is considered packaged into the discography and not separately paid.

Stryker’s Discmonitor discography probe (device) is used to inject fluids into the intervertebral disc nucleus during discography procedures and monitor the pressure of that fluid.

The information provided is general reimbursement information only; it is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider’s responsibility to determine and submit appropriate codes, charges, modifiers and bills for services that were rendered. This information is provided as of December 2017 and all coding and reimbursement information is subject to change without notice.

Reimbursement has three components, coding, coverage and payment. All three must be aligned for providers to receive reimbursement for the services they furnish.

Payment rates are calculated and represent the national unadjusted payments rates. Payment to individual providers will vary based on a number of variables, including geographic location.

It is important to note that coverage will vary based upon individual patient medical necessity and specific payor coverage policies. Stryker cannot guarantee coverage or payment for products or procedures. Please contact your Medicare Administrative Contractor or Private Payor for billing, payment and coverage information.