

Internal Medicine Coding Alert

You Be the Coder: Joint Codes for Sinus Tarsi Injection

Question: I recently received a denial for a cortisone injection to the sinus tarsi that we reported with code 20550. Is there a more appropriate code for this procedure?

Montana Subscriber

Answer: The correct code for this procedure is hard to pin down, because the sinus tarsi is neither a joint nor a ligament, but a space.

Your coding will depend on whether the physician administers an injection into the surrounding soft tissue □ in which case 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) is appropriate □ or, most often, into the actual sinus tarsi space. If this is the case, you can more accurately describe your work using 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]).

Watch out: In some cases, you may find that Medicare only approves 20600 (Arthrocentesis, aspiration and/or injection; small joint or bursa [e.g., fingers, toes]). But check with your individual carrier for its preferences.

Your diagnosis will also need to support the appropriate injection code. Physicians often turn to ICD-9 code 726.79 (Other enthesopathy of ankle and tarsus) to report sinus tarsi syndrome.

Don't forget to include a corresponding J code to gain reimbursement for the drug.