Eli's Rehab Report

You Be the Coder: Injection Under Anesthesia

Question: How do I code a fluoroscopic injection of cortisone into the hip joint for a patient who is under anesthesia? I performed the injection, but not the anesthesia. Would I be affected by the anesthesiologists billing (e.g., would the insurer consider this to be part of his pain management)?

Utah Subscriber

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Answer: An injection into the hip is coded as 20610 (arthrocentesis, aspiration and/or injection; major joint or bursa [e.g., shoulder, hip, knee joint, subacromial bursa]) regardless of whether it is performed while the patient is under anesthesia, recommends **Denice A. Wells, CPC,** surgery coder for Arizona Bone and Joint Specialist Ltd. in Scottsdale, Ariz. If the physiatrist had difficulty performing the procedure and could validate through his or her documentation that there was an increased work level of approximately 30 to 50 percent, you might consider submitting the documentation with a -22 modifier (unusual procedural services) and asking for additional reimbursement. Just because the procedure is performed under anesthesia does not usually justify an increase. Carriers are looking for a significant increase in the physicians actual work effort.

The fluoroscopy (76000, fluoroscopy [separate procedure], up to one hour physician time, other than **CPT 71023** or **CPT 71034**) is considered bundled into 20610, so it is not separately billable.