Codify
BY AAPC

Pain Management Coding Alert

Reader Question: Check for Modifier 51 Opportunities on Injections With Fluoroscopy

Question: Our physician recently performed multiple arthroscopic injections, and the encounter notes look kind of tricky. Documentation indicates that the physician performed injections on the patient's left finger and right elbow. Further, the notes state that the physician used fluoroscopic guidance for both of the injections. The only codes I see that specify guidance are for ultrasounds; how do I code for intra-articular injections with fluoroscopic guidance?

North Carolina Subscriber

Answer: On the claim, you should report 20605 (Arthrocentesis, aspiration and/or injection, intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]; without ultrasound guidance) for the elbow injection with modifier RT (Right side) appended, if the payer requires it. Then, report 20600 (... small joint or bursa [e.g., fingers, toes]; without ultrasound guidance) for the finger injection with modifier LT (Left side) appended, if the payer requires it.

Finally, report 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) x 2 for the guidance.

Also: To show that the guidance and injections are separate procedures, you might need to append modifier 51 (Multiple procedures) to the injection codes. If you are unsure of a payer's policy on coding fluoroscopic guidance with these injections, contact a rep before coding the claim.