



CPT 20610 Coding Guidance

*Presented by
Part B Provider Outreach and Education
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Agenda

- CPT Descriptions
- Medical documentation requirements
- Billing scenarios
- Modifier usage
- Resources
- Questions

Objective

- Provide an understanding of the coding and billing of joint injections performed in the office setting

New and Revised Injection Codes

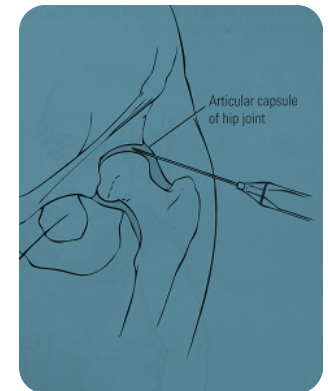
TABLE 1: NEW AND REVISED INJECTION CODES

CPT Code	Descriptor	Work RVUs	Non-Facility RVUs	Facility RVUs
▲20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes); without ultrasound guidance	0.66	1.35	1.02
●20604	with ultrasound guidance, with permanent recording and reporting	0.89	2.02	1.29
▲20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	0.68	1.41	1.06
●20606	with ultrasound guidance, with permanent recording and reporting	1.00	2.22	1.46
▲20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	0.79	1.70	1.32
●20611	with ultrasound guidance, with permanent recording and reporting	1.10	2.55	1.72

▲ = Revised code; ● = New code; ⊙ = Moderate sedation

Arthrocentesis, Aspiration or Injection of Major Joint or Bursa

- **CPT 20610** - Arthrocentesis, aspiration and/or injection into, a major joint or bursa (eg, shoulder, hip, knee, or subacromial bursa); without ultrasound guidance



CPT 20611

- **CPT 20611** - Arthrocentesis, aspiration and/or injection into, a major joint or bursa (eg, shoulder, hip, knee, or subacromial bursa); with ultrasound guidance, with permanent recording and reporting
 - New code for 2015

CPT 76942 Description

- **CPT 76942** - Ultrasonic guidance for needle placement (eg. biopsy, aspiration, injection, localization device), imaging supervision and interpretation
- Do not report CPT 76942 in conjunction with CPT 20611

Medical Documentation

- Suggested documentation should include:
 - A signed consent
 - Anatomic location(s)
 - Preparation of site
 - Local anesthetic administered
 - Name and dosage of drug administered
 - Patient reaction
 - All postoperative instructions related to minor surgical procedure

Medical Documentation 2

- Written report
 - By interpreting practitioner should be included in medical record as part of radiological procedure or interpretation
- Supervision and Interpretation
 - Image guidance during procedure require image documentation and radiological supervision, interpretation and report services require separate interpretation

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Billing Scenarios

Scenario 1

- Injection performed on same day as an established patient visit for a new complaint
 - Modifier 25 is appended to E & M code

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, without ultrasound guidance	20610
8/25/2015	E & M visit	99213 25

Scenario 2

- Patient is told to return for another injection for same condition
 - Since reason for visit has already been established, E/M is bundled into procedure
 - Do not bill separately

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, without ultrasound guidance	20610

Scenario 3

- Injection performed on same day as a new patient visit
 - Modifier 25 is not necessary as the new patient visit codes are excluded from the global package

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, without ultrasound guidance	20610
8/25/2015	New patient E/M	99201

Scenario 4

- Injection given to right shoulder and left shoulder
 - This is considered a bilateral procedure and modifier 50 is used

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, without ultrasound guidance	20610 50

Scenario 5

- Injection given to right shoulder and left knee
 - LT and RT modifier is used
 - This is not a bilateral procedure because it is a different structure

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610 RT
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610 LT

Scenario 6

- Injection given to right shoulder and right knee
 - RT modifier is used on both lines
 - Modifier 76 is used on line two to indicate repeat procedure

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610 RT
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610 RT 76

Scenario 7

- Surgeon aspirates a joint and then injects the same joint
 - Only one CPT 20610 code is billed

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610

Scenario 8

- Two injections are administered on same joint
 - Only one 20610 should be billed
 - Example: 2 injections to right shoulder

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, <u>without</u> ultrasound guidance	20610

CPT 20611

- Follow all billing guidance given in Scenarios 1 – 8
- Do not separately bill CPT 76942
 - Included in payment for CPT 20611

Date of Service	Treatment	CPT/Modifier
8/25/2015	Arthrocentesis, <u>with</u> ultrasound guidance	20611

Medically Unlikely Edits (MUEs)

HCPCS/ CPT Code	Practitioner Services MUE Values	MUE Adjudication Indicator	MUE Rationale
20525	4	3 Date of Service Edit: Clinical	Clinical: Data
20526	1	2 Date of Service Edit: Policy	CMS Policy
20527	2	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
20550	5	3 Date of Service Edit: Clinical	Clinical: Data
20551	5	3 Date of Service Edit: Clinical	Clinical: Data
20552	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
20553	1	2 Date of Service Edit: Policy	Code Descriptor / CPT Instruction
20555	1	3 Date of Service Edit: Clinical	Clinical: Data
20600	6	3 Date of Service Edit: Clinical	Clinical: Data
20604	4	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
20605	4	3 Date of Service Edit: Clinical	Clinical: Data
20606	4	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup
20610	4	3 Date of Service Edit: Clinical	Clinical: Data
20611	4	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup

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Modifiers

Modifier 25

- Injection performed on same day as established patient visit for new complaint
 - Modifier 25 signifies E/M was performed for reason unrelated to other procedure
 - Append modifier 25 to E/M code
- Do not submit with E/M codes for new patients only as excluded from global surgery package
 - CPT codes 92002, 92004, 99201-99205, 99321-99323 and 99341-99345
- Diagnosis for E/M service and injection procedure may be same or different

Modifier 50 – Bilateral Procedure

- Procedure performed on bilateral body parts at same visit

Indicator	Description
0	Bilateral surgery rules do not apply. Do not use modifier 50.
1	Bilateral surgery rules apply (150%). Use modifier 50 if bilateral. Units = 1.
2	Bilateral surgery rules do not apply. Already priced as bilateral. Do not use modifier 50, RT or LT. Units = 1.
3	Bilateral surgery rules do not apply. Do not use modifier 50. Units = 1 or 2.
9	Bilateral surgery concept does not apply



Code	Modifier	S	GLB	Pre-op %	Intra-Op %	Post-Op %	P/T	M	B
20610		A	000	000000	000000	000000	0	2	1

Modifiers RT and LT

- Used to identify procedures performed on left or right side of body
- Do not use when a procedure code description specifies bilateral or a side of body

Modifier 76 – Repeat Modifier

- Procedure or service performed on same day
- Append 76 modifier to repeated procedure

Modifier 59

- Not a bundling issue
- Never will use modifier 59 on CPT 20610

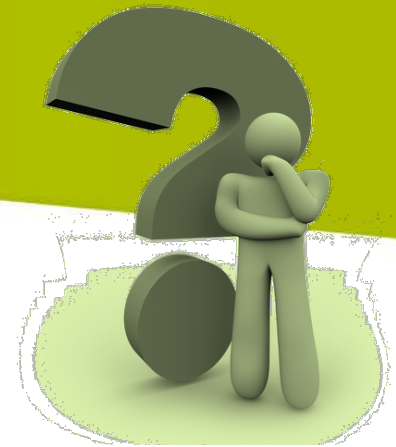
Example:

CPT 20610 is not showing in Column 1 and Column 2 – unable to unbundle

Column 1	Column 2	* = In existence prior to 1996	Effective Date	Deletion Date *=no data	Modifier 0=not allowed 1=allowed
20610	20600		19960101	19960101	9
20610	20605		19960101	19960101	9
20610	24300		20020701	*	1
20610	25259		20021001	*	1
20610	26340		20021001	*	1

Resources

- National Correct Coding Edits (NCCI) and Medically Unlikely Edits (MUEs)
 - <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>
- Modifier Billing Guides
 - Locate under Browse by Topic/Modifiers



Questions?

Thank you for attending today

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