

## Arthrocentesis (Codes 20600-20611)

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For safety and better patient outcomes, ultrasound as an imaging technology is often used in musculoskeletal medicine as an extension of the physical examination for accuracy of intra-articular placement of the needle. For the Current Procedural Terminology (CPT®) 2015 code set, three new codes and three revised codes were created for arthrocentesis. New codes 20604, 20606, and 20611 describe arthrocentesis, aspiration and/or injection small, intermediate, major joint or bursa with ultrasound guidance, with permanent recording and reporting. Revised codes 20600, 20605, and 20610 describe arthrocentesis, aspiration and/or injection of small, intermediate, and major joint or bursa without ultrasound guidance.

Two parenthetical notes were also added following codes 20604, 20606, and 20611. The initial parenthetical note following these codes restricts reporting of code 76942 in conjunction with codes 20604, 20606, and 20611, and the second parenthetical note following these codes instructs users to report codes 77002, 77012, or 77021 if fluoroscopic, computed tomography (CT), or magnetic resonance imaging (MRI) guidance is performed. In addition, the exclusionary parenthetical note that follows code 20611 restricts its use with code 27370. To maintain consistency and accurate reporting, the exclusionary parenthetical note following ultrasound guidance code 76942 was also revised to include new codes 20604, 20606, and 20611 in the list of codes that may not be reported with code 76942. The instructional note following code 20610 regarding imaging guidance was deleted to support these changes. This article offers an overview of the changes.

#### Revised Codes

For the 2015 CPT code set, existing codes, 20600, 20605, and 20610, were revised as parent codes, and the new codes (20604, 20606, and 20611) were added as child codes to support the addition of the new procedures. Codes 20600, 20605, and 20610 are limited to those arthrocentesis procedures performed without ultrasound guidance.

For code 20610, the descriptor was revised to clarify its intended use and to distinguish the reporting for arthro-centesis, aspiration, and/or injection of a major joint (such as the knee) versus injection of contrast agent(s) into the knee for purposes of arthrography (as identified by code 27370). Codes 20610 and 20611 are reported to identify arthrocentesis procedures for major joints or bursas (eg, shoulder, hip, or knee). Code 20610 is used when the procedure is performed without the use of ultrasound guidance and code 20611 is used when ultra-sound is necessary to guide the needle into the correct location in the joint.

Both aspiration and/or injection are inherently included as part of the service as noted in the descriptors for these codes. As a result, either code may only be reported once per joint or bursa. Codes 20610 and 20611 are not intended to report the injection of contrast materials into the knee. Code 27370 is intended to be used specifically for that purpose. To indicate this intent, the descriptor for code 27370 was revised, adding the phrase “of contrast” to the descriptor to specify use for contrast agent injection only, excluding the use for other injection types or aspiration procedures of the knee. To direct users to the appropriate code to identify contrast injection of the knee, an instructional parenthetical note was added. An exclusionary parenthetical note following the listing of codes 20610 and 20611 reflects the intended use of these codes.

### **New Codes**

Prior to the 2015 CPT code set, a general ultrasound guidance code (76942) was used for ultrasound guidance utilized for arthrocentesis, but the code did not accurately describe the procedure being performed. Therefore, specific codes (20604, 20606, and 20611) were created to identify the procedure when performed with ultrasound guidance. Codes 20604, 20606, and 20611 require ultrasound guidance to be performed with the arthrocentesis procedure and also require that the ultrasound guidance be recorded with inclusion of the report in the patient’s permanent record.

#### **▲ 20600**

Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultra-sound guidance

#### **● 20604**

with ultrasound guidance, with permanent recording and reporting

▶(Do not report 20600, 20604 in conjunction with 76942)◀

▶(If fluoroscopic, CT, or MRI guidance is performed, see 77002, 77012, 77021))◀

#### **▲ 20605**

Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance

#### **● 20606**

with ultrasound guidance, with permanent recording and reporting

▶(Do not report 20605, 20606 in conjunction with 76942)◀

▶(If fluoroscopic, CT, or MRI guidance is performed, see 77002, 77012, 77021))◀

#### **▲ 20610**

Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, suba-cromial bursa); without ultrasound guidance

● **20611**

with ultrasound guidance, with permanent recording and reporting

▶(Do not report 20610, 20611 in conjunction with 27370, 76942)◀

▶(If fluoroscopic, CT, or MRI guidance is performed, see 77002, 77012, 77021)◀

**Clinical Example (20604)**

A 50-year-old patient presents with inflammation of a small joint (eg, metacarpophalangeal, metatarsophalangeal) and is treated with a steroid injection, utilizing ultrasound guidance.

**Description of Procedure (20604)**

**Ultrasound Intraservice Work:** Perform a focused ultrasound evaluation. Obtain, label, and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings.

Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels, or other vulnerable structures. Dictate report for the patient's chart.

**Injection Intraservice Work:** Palpate joint. Infiltrate local anesthetic at the injection site, as indicated. Using ultrasound guidance, insert needle for aspiration and injection into the applicable joint or bursa. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Clinical Example (20606)**

A 50-year-old patient presents with inflammation of an intermediate joint (eg, wrist, ankle) and is treated with a steroid injection, utilizing ultrasound guidance.

**Description of Procedure (20606)**

**Ultrasound Intraservice Work:** Perform a focused ultrasound evaluation. Obtain, label, and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings.

Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels, or other vulnerable structures. Dictate report for the patient's chart.

**Intraservice Work, Wrist Injection:** Locate the radiocarpal joint just distal to Lister's tubercle. Infiltrate local anesthetic at the injection site, as indicated. Using ultrasound

guidance, insert the needle for aspiration and injection into the joint proximal to the scapholunate ligaments and just distal to the radial articular surface. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Intraservice Work, Ankle Injection:** Palpate the ankle joint. Infiltrate local anesthetic at the injection site, as indicated. Under ultrasound guidance, insert the needle for aspiration and injection into the anterior aspect of the joint, lateral to the common extensor tendon. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

### **Clinical Example (20611)**

A 50-year-old patient presents with inflammation of a major joint (eg, shoulder, hip, knee) and is treated with a steroid injection, utilizing ultrasound guidance.

### **Description of Procedure (20611)**

**Ultrasound Intraservice Work:** Perform a focused ultrasound evaluation. Obtain, label, and interpret images in multiple planes through the specific area of concern, focusing on best approach for injection. Document the normal anatomic structure and any pathologic findings. Utilize imaging to direct the needle to joint or bursa, avoiding bony prominences, blood vessels, or other vulnerable structures. Dictate report for the patient's chart.

**Injection Intraservice Work:** Palpate the joint. Infiltrate local anesthetic at the injection site, as indicated. Using ultrasound guidance, insert the needle for aspiration and injection into the applicable joint or bursa. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Intraservice Work, Shoulder Injection:** The glenohumeral joint can be injected from an anterior, posterior, or lateral approach. Infiltrate local anesthetic at the injection site, as indicated. Using ultrasound guidance, insert the needle for aspiration and injection into the applicable joint or bursa. Anterior approach: Place the needle just medial to the head of the humerus and 1 cm lateral to the coracoid process. Direct the needle posteriorly and slightly superiorly and laterally. Posterior approach: Insert the needle 2 to 3 cm inferior to the posterolateral corner of the acromion and directed anteriorly in the direction of the coracoid process. Lateral approach: Insert the needle superior and distal to the affected distal subacromial-subdeltoid bursal and supraspinatus and directed lateral to medial into the SASD bursal space distally. For all approaches, inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Intraservice Work, Subacromial Injection:** Palpate the distal, lateral, and posterior edges of the acromion. Using ultrasound guidance, insert a needle just inferior to the posterolateral edge of the acromion and directed toward the opposite nipple. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Intraservice Work, Knee Injection:** Using ultrasound guidance, insert a needle into the suprapatellar pouch, from the lateral aspect above the patella and directed medial. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle.

**Intracervice Work, Trochanteric Bursa Injection:** Using ultrasound guidance, insert a needle through the post-erolateral approach superior to the greater trochanteric bursa. Inject the medication slowly but with consistent pressure. Visualize the injected medication and joint distention. Remove the needle. ♦

**Arthrocentesis, Aspiration, or Injection of Major Joint or Bursa**

20610

Insertion of needle into major joint or bursa for injection of therapeutic or diagnostic agent, aspiration, or arthrocentesis

