

Internal Medicine Coding Alert

Reader Question: Conduct Site Count for Kenalog Coding

Question: If our clinician administers Kenalog into multiple sites using ultrasound guidance, should one unit of 20611 be reported or should we report one unit of the code for every site into which the medication was administered? If so, should any modifiers be used to separate the codes reported?

Michigan Subscriber

Answer: When your clinician performs arthrocentesis, and performs an aspiration or injection into a major joint using ultrasound guidance, you report it with 20611 (Arthrocentesis, aspiration and/or injection, major joint or bursa [e.g., shoulder, hip, knee, subacromial bursa]; with ultrasound guidance, with permanent recording and reporting). You have to report one unit of the code when your clinician administers a drug such as Kenalog into one major joint. If he performs aspiration from the same site, you still report only one unit of the code.

However, when your clinician performs the administration of the injection into multiple sites, you will have to report one unit of the code for every site into which your clinician administered the injection.

In order to allow separate payment for every injection administered into the different sites, you will need to use appropriate modifiers. If the same joint on the opposite side has been administered the injection, then you will have to report 20611 with the modifier LT (Left side [used to identify procedures performed on the left side of the body]) and the modifier RT (Right side [used to identify procedures performed on the right side of the body]) to let the payer know that your clinician administered the injections to the joints on either side.

If your clinician administered the injection into two different joints, for example, the hip and the shoulder, then you will have to report 20611 with the modifier 59 (Distinct procedural service). The use of modifier 59 will let the payer know that your clinician administered the injection to two different sites and will allow for payment for both the injections.

Don't forget: Your reporting of the injection will not be complete if you don't include the supply of the medication that your clinician administered. When Kenalog is the drug administered, you will need to report either J3300 (Injection, triamcinolone acetonide, preservative free, 1 mg) or J3301 (Injection, triamcinolone acetonide, not otherwise specified, 10 mg). Since the descriptor in each case specifies the number of milligrams, you might need to bill multiple units if the physician administers more than the number listed in the code descriptor.