

Internal Medicine Coding Alert

Reader Question: Report Modifiers With Joint Injections

Question: Our internist does frequent work in rheumatology, and she will often do a joint injection in both a shoulder and a knee in the same visit. I have always coded this with 20610 and used modifier -51. But I recently read a local medical review policy on -59 that specifically mentioned arthrocentesis/injection, so I am confused. Should I be using -59 or -51?

Georgia Subscriber

Answer: Report both modifiers for the scenario you describe. Use 20610* (Arthrocentesis, aspiration and/or injection; major joint or bursa [e.g., shoulder, hip, knee joint, subacromial bursa]) twice, and attach modifier -59 (Distinct procedural service), followed by modifier -51 (Multiple procedures), to the second code.

You should use both because payers need to know that you didn't unintentionally duplicate the second 20610 submission. Modifier -59 indicates that two separate procedures were performed on the same date. And, the payer needs to know that the physician performed multiple related procedures that are subject to multiple-procedure rules, so use modifier -51.

- Answers for You Be the Coder and Reader Questions were reviewed by **Kathy Pride, CPC, CCS-P**, a coding consultant for QuadraMed in Port St. Lucie, Fla.; and **Bruce Rappoport, MD, CPC**, a board-certified internist who works with physicians on compliance, documentation, coding and quality issues for RCH Healthcare Advisors LLC, a Fort Lauderdale, Fla.-based healthcare consulting company.