Codify
BY AAPC

Internal Medicine Coding Alert

You Be the Coder: Modifiers With Joint Injections

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: Our doctor 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. However, I recently read a local medical review policy (LMRP) on -59 that specifically mentioned arthro-centesis/injection, so I am confused. Should I be using -59 or -51?

Georgia Subscriber

Answer: Use 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, followed by modifier -51, to the second code.

Why do you need both? First, the payer needs to know that the second 20610 is not an unintentional duplicate submission. Modifier -59 (Distinct procedural service) indicates that two separate procedures were performed on the same date. Second, the payer needs to know that the physician performed multiple related procedures that are subject to multiple-procedure rules. Modifier -51 (Multiple procedures) indicates this to the payer. These rules reduce payment for the second through fifth procedures by 50 percent.
In this case, the same procedure is being coded twice, so it doesn't matter which injection is coded first. However, if you perform two different but related procedures, be sure to code the highest-valued procedure first to receive maximum reimbursement.