

Part B Insider (Multispecialty) Coding Alert

CPT Updates: You Can Bill 20550 per Tendon Sheath Injected

Vaccine delivery codes revised for 2004

If your practice bills for multiple tendon sheath injections, CPT 2004 may bring relief. The new version of the code descriptors for 20550 and 20551 makes it clear that you can report one unit of [CPT 20550](#) for each tendon sheath your physician injects.

The description for [CPT 20550](#) (Injection(s); single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]) means that if your physician injects a single tendon sheath multiple times, you should report 20550 once. But if he injects two tendon sheaths, you should assign 20550 twice, says **Kent J. Moore**, American Academy of Family Physicians healthcare financing and delivery systems manager in Leawood, Kan.

You should still report trigger point injections (20552, Injection[s]; single or multiple trigger point[s], one or two muscle[s]; and 20553, ... single or multiple trigger point[s], three or more muscles) once per session, regardless of the number of injections, trigger points, or muscles involved.

Separately, you won't be using 90659 in 2004 because CPT deletes it to reflect the fact that the influenza whole-virus vaccine is no longer manufactured and used. You should use either 90657 or 90658 for the split-virus influenza vaccine. And there are some new vaccine codes and a revision to established codes (90703-90708, 90718, 90727 and 90733) to delete references to "jet injection" as a mode of delivery.