

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: New Joint Injection Codes Carry Specific Guidance Rules

**Question:** The new joint injection codes 20604, 20606, and 20611 specify an injection with ultrasound guidance. The other options (20600, 20605, and 20610) specify joint injections with no imaging. Which code do we choose if the provider uses fluoroscopy?

Nevada Subscriber

**Answer:** You should report 77002 (Fluoroscopic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device]) with any of the injection codes:

- 20600 □ Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); without ultrasound guidance
- 20605 □ Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance
- 20610 □ Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance.

**Note:** If your provider performs an intra-articular joint injection with ultrasound that qualifies for one of the new codes, you won't report the ultrasound guidance because it's included in the service. Those codes are:

- 20604 □ Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); with ultrasound guidance, with permanent recording and reporting
- 20606 □ Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting
- 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.

If your physician provides the joint injection with fluoroscopic, CT, or MRI guidance rather than ultrasound guidance, you'll submit the applicable "old" injection code: 20600, 20605, or 20610. CPT® directs you to also report 77002, 77012 (Computed tomography guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], radiological supervision and interpretation), or 77021 (Magnetic resonance guidance for needle placement [e.g., for biopsy, needle aspiration, injection, or placement of localization device] radiological supervision and interpretation), as appropriate.

Edit info: CCI edits bundle the fluoroscopic, CT, and MRI image guidance codes into the new codes for joint injection with ultrasound. You can possibly bypass the bundling edits with a modifier, but only if your provider performs the image guidance with a different procedure than the joint injection with ultrasound.