

Eli's Rehab Report

New Version of CCI Bundles Injection Codes

Ever since the AMA introduced the new injection and trigger point codes (20526, 20551-20553) last fall, PM&R practices have wondered how to bill when a patient presents for both a joint injection (20600-20610) and a trigger point injection. Version 8.2 of the national Correct Coding Initiative (CCI), which took effect on July 1, makes it official: These services can be reported together only if modifier -59 (Distinct procedural service) is appended and both the services are medically necessary.

The new injection codes (20526, 20551-20553) are bundled into both 20550* (Injection; tendon sheath, ligament, ganglion cyst) and the joint injection codes (20600-20610). If medically necessary, you can append modifier -59 to separate the codes for instance, if you perform a trigger point injection (20552) and a bursa injection of the elbow (20605) on the same day.

The new codes 20551-20553 now include codes 76000 (Fluoroscopy [separate procedure], up to one hour physician time, other than 71023 or 71034 [e.g., cardiac fluoroscopy]) and 90782 (Therapeutic, prophylactic or diagnostic injection [specify material injected]; subcutaneous or intramuscular).

As expected, 20551-20553 are now components of nerve block codes 64445-64470, 64475, 64479 and 64483, while 20526 is a component of only the sciatic nerve block code, 64445.

Like version 8.1, the new edition of CCI includes new bundles involving motion analysis codes 96000-96004. Each of these procedures (96000, 96001, 96002, 96003 and 96004) now includes 97116 (Therapeutic procedure, one or more areas ... gait training [includes stair climbing]). Accordingly, gait training cannot be separately reported with motion analysis.