Eli's Rehab Report

Reader Question: Hip Injection

Question: A bursa injection to an osteoarthritis patients hip was performed by a physician without incident and coded as **CPT 27093** . Is this correct?

Texas Subscriber

Answer: The procedure should have been coded using 20610 (arthrocentesis, aspiration and/or injection, major joint or bursa) instead of 27093 (injection procedure for hip arthrography; without anesthesia), which is used for a more intensive injection to the hip, associated with hip arthrography. If you have already sent the claim to the insurer, contact them and inform them to disregard it because it is wrong. Resend the claim with the appropriate code, with a letter indicating that an error was made on the initial one, and that it should be reprocessed.