

Eli's Rehab Report

Reader Question: SI Injections on Both Joints

Question: When a patient requires a sacroiliac joint injection on both SI joints, can we bill two units of 20605, or should we bill just one? Or is it 27096?

Illinois Subscriber

Answer: The sacroiliac joint frequently is the cause of a patient's low back pain, and both joints often are injected during the same visit. When this occurs, however, you should bill only one unit of the code with modifier -50 (Bilateral procedure) appended. Although many practices erroneously assign 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid) for SI injections, this code is not accurate. A new note added to the descriptor for 27096 in 2002 states that this code "is to be used only with imaging confirmation of intra-articular needle positioning." But this type of confirmation is rare for most SI injections. You should code using 20605* (Arthro-centesis, aspiration and/or injection; intermediate joint, bursa or ganglion cyst [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]) if the injection is administered without contrast and fluoroscopy. The difference in methods is why there is such a disparity in payment between the two options (approximately \$55 for 20605 and \$350 for 27096).

Advice for You Be the Coder and Reader Questions was provided by **Laureen Jandroep, OTR, CPC, CCS-P CPC-H, CCS,** consultant and CPC trainer for A+ Medical Management and Education in Absecon, N.J.