

Eli's Rehab Report

Reader Question: Split Codes When Billing WC, Medicare

Question: After the physiatrist evaluated a workers' compensation patient who had low back pain, she performed a trigger point injection (20552). During the visit, the patient also complained of pain and stiffness in her fingers due to gardening. The physiatrist diagnosed tendinitis in her fingers (727.05) and performed a joint injection (20600). We know workers' compensation will deny 20600 because it wasn't related to the work injury, but we aren't sure if it will pay us for the trigger point injection because the Correct Coding Initiative (CCI) bundles it into 20600. How should we code to get paid for both services?

Minnesota Subscriber

Answer: Because this edit includes a "1" identifier, CCI recognizes that both injections may be medically necessary for separate conditions, as is the case with your patient. If you were billing the entire service to the same insurer, you would report 20600 with the tendinitis diagnosis and 20552-59 (Distinct procedural service) for the low back injury.

Because you are not dealing with just one insurer, however, you should send the workers' compensation insurer the trigger point injection claim, then send the joint injection claim to the patient's health insurer with a letter explaining why you are split-billing. Tell the insurer that you diagnosed the tendinitis while performing a workers' compensation examination for a separate condition, but that the tendinitis is not work-related and that you billed workers' compensation separately for all services related to the back pain.

For your evaluation, although workers' compensation insurers' rules vary, most prefer practices to bill evaluations using the standard E/M codes (99201-99215). CPT dictates that codes 99455 (Work related or medical disability examination by the treating physician ...) and 99456 (Work related or medical disability examination by other than the treating physician ...) "are used to report evaluations performed to establish baseline information prior to life or disability insurance certificates being issued." So avoid these codes when evaluating work-related injuries.