

Eli's Rehab Report

You Be the Coder: Morton's Neuroma Injections

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: How should we report injections for lateral epicondylitis or Morton's neuroma? These don't really fit into the other injection categories.

New Jersey Subscriber

Answer: Physiatrists administer lateral epicondylitis (726.32) injections to the origin of the common extensor muscle on the lateral epicondyle. You therefore should report 20551 (Injection[s]; tendon origin/ insertion) for these procedures. Because Morton's neuroma (355.6) injections occur in the intermetatarsal space, insurers differ concerning which code most accurately describes the service. Empire Medicare, the Part B carrier for New Jersey, states, "In the treatment of Morton's neuroma, the injection is into the surrounding tissue and not the nerve complex. Therefore, CPT code 20550* (Injection[s]; tendon sheath, ligament) must be reported and NOT CPT code 64450* (Injection, anesthetic agent; other peripheral nerve or branch)."

Not all carriers agree with Empire's interpretation, however. The policy for CGBA (the Part B carrier for Iowa and South Dakota) states, "Injection therapy for tarsal tunnel syndromes and for Morton's neuroma are not specifically addressed by code 20550. Therefore, the provider of these therapies must bill with CPT code 28899 (Unlisted procedure, foot or toes)."

Because insurers' policies for Morton's neuroma injections vary so widely, you should always confirm your carrier's guidelines before administering these types of injections.