Outpatient Facility Coding Alert

Reader Question: Choose Between 20550 and 20605 When Coding for Sinus Tarsi

Question: How do we report a cortisone injection to the sinus tarsi?

Montana Subscriber

Answer: The sinus tarsi is neither a joint nor a ligament, it is a space. It is a soft indentation just in front of the lateral malleolus and contains nerve endings, fat, joint capsule, arterial anastomoses, and five ligaments.

The trick for coding the procedure is to be accurate with the site of injection. If your physician administers the injection into the surrounding soft tissue you need to use 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]). If the injection is given in the actual sinus tarsi space, which provides the lateral access to the subtalar joint, then you can more accurately describe your work using 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]).

It is important to follow the diagnosis, which will support the appropriate injection code. Physicians often turn to ICD-9 code 726.79 (Other enthesopathy of ankle and tarsus) to report sinus tarsi syndrome.

Remember: Don't forget to include a corresponding HCPCS J-code to gain reimbursement for the drug injected.