

Outpatient Facility Coding Alert

Reader Question: Code the Correct Corresponding Diagnosis Code to Avoid Denials

Question: We had a insurance denial for procedure code 20610 with diagnosis code 722.10. What would be the best diagnosis code to use for pain of the paraspinal muscles of the lower hip?

Washington Subscriber

Answer: The insurance denial was because these codes were mismatched on your claim. Diagnosis 722.10 (Displacement of lumbar intervertebral disc without myelopathy) does not support the procedure of 20610 (Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance).

It is difficult to recommend a better way to report the service without details about a confirmed diagnosis. Two possible diagnoses could be:

- 719.45 (Pain in joint; pelvic region and thigh)
- 719.05 (Effusion of joint; pelvic region and thigh).