

Outpatient Facility Coding Alert

Reader Question: Refer to OPPS, ASC Addendums Before Billing Aspiration Drug Codes

Question: I am struggling to code this knee injection report. The physician documents "right knee was infiltrated into the subcutaneous soft tissues for local anesthesia. Under fluoroscopic guidance, a 22-gauge 7 cm needle was advanced into the right knee joint. Kenalog 80 mg in 2 ml and Bupivacaine 0.25% 6 ml was injected."

New Jersey Subscriber

Answer: To report the knee injection, you should look no further than code 20610 (Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance). Remember that fluoroscopic guidance and ultrasound guidance are two distinct services. Therefore, you should not consider 20611 (... with ultrasound guidance, with permanent recording and reporting).

Instead, you will report a separate fluoroscopic guidance code, +77002 (Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)). Additionally, you may report separately for the Kenalog using code J3301 (Injection, triamcinolone acetonide, not otherwise specified, 10 mg) with 8 units of service, as well as for the bupivacaine under code C9290 (Injection, bupivacaine liposome, 1 mg).

Note that in the Outpatient Prospective Payment System Addendum B and Ambulatory Surgical Center (ASC) Payment System Addendum BB, the +77002, J3301 and C9290 codes are packaged and will not be reimbursed separately.