

Outpatient Facility Coding Alert

Ultrasound Guidance: Foolproof Your Arthrocentesis Claims by Reporting Ultrasonic Guidance

Here's why you should avoid using 76942 in certain situations

Your coding for an arthrocentesis procedure may go haywire if you happen to ignore ultrasonic guidance that your provider may have resorted to during the arthrocentesis procedure. Read on for a lowdown of how to report the procedure and get the reimbursement you deserve.

Get the Basics Right

For arthrocentesis, you have six CPT® codes:

- 20600 (Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); without ultrasound guidance)
- 20604 (...with ultrasound guidance, with permanent recording and reporting)
- 20605 (Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance)
- 20606 (...with ultrasound guidance, with permanent recording and reporting)
- 20610 (Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa); without ultrasound guidance)
- 20611 (...with ultrasound guidance, with permanent recording and reporting).

These codes cover arthrocentesis, aspiration, injection of small, intermediate and major joints or bursas, which may be with or without ultrasound guidance. "You need to explore these well," says **Sarah L. Goodman, MBA, CHCAF, COC, CCP, FCS**, President, CEO, and principal consultant for SLG, Inc, in Raleigh, N.C.

Indicated for: A provider may perform pain reliving arthrocentesis typically for patients with osteoarthritis such as M16.-- (Osteoarthritis of hip...), M17.-- (Osteoarthritis of knee...) and M19.-- (Other and unspecified osteoarthritis...)

Example: A patient complains of left knee pain. The physician diagnoses the patient with primary osteoarthritis. To relieve pain, the provider injects 20 mg of Depo-Medrol®. In this case, you may need to report:

- CPT® 20610 for the arthrocentesis injection to a large joint. You may not code for ultrasound guidance, unless you see evidence in the documentation for the same.
- HCPCS code J1020 (Injection, methylprednisolone acetate, 20 mg) for the supply of Depo-Medrol®.
- The ICD-10-CM diagnosis code M17.12 (Unilateral primary osteoarthritis, left knee).

Remember: In case the provider had given an injection of contrast for performing knee arthrography rather than arthrocentesis, your CPT® code choice would point in the direction of 27370 (Injection of contrast for knee arthrography). In that scenario, 20610 would not be appropriate. In fact, it may be more appropriate to use 20610 and 20611 for arthrocentesis of the knee or injection other than contrast. Moreover, remember you may not use 27370 along with 20610 or 20611.

Know How Ultrasonic Guidance Helps



By performing arthroscopy under ultrasonic guidance, the provider can conveniently place the needle on the precise anatomic site. Therefore, you must check the records to see whether the provider required ultrasonic guidance consequent to difficulties in needle placement. If you find that the provider used this method to locate the precise spot for needle placement, you must use one of the following codes, depending on the affected joint, to include the ultrasound guidance component:

- 20604 (Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); **with ultrasound quidance**, with permanent recording and reporting)
- 20606 (Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); **with ultrasound guidance**, with permanent recording and reporting)
- 20611 (Arthrocentesis, aspiration and /or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting)

Caution: Although you do have 76942 (Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation), do not make the mistake of using this code in this scenario. This code represents only the supervision and interpretation by the provider during the procedure of ultrasound guided needle placement. You may not report 76942, when you are reporting the codes above (20604, 20606, and 20611) as these codes already include the ultrasonic guidance component.

In case a CT scan or MRI guidance is performed, we do have codes that apply in a general sense, not specifically to a particular anatomical region:

- 77021 (Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation)
- 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).

Have the Relevant J Codes at Your Fingertips

The provider may use one of these drugs, mostly to deliver pain-relieving arthrocentesis injections:

- Depo-Medrol®: Use codes such as J1020 (Injection, methylprednisolone acetate, 20 mg), J1030 (... 40 mg), J1040 (... 80 mg).
- Dexamethasone: Use J1100 (Injection, dexamethasone sodium phosphate, 1 mg).
- Triamcinolone acetonide NOS: Report |3301 (Injection, triamcinolone acetonide, not otherwise specified, 10 mg).
- Synvisc® or Synvisc-One®: Report J7325 (Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg).
- Orthovisc®: Use J7324 (Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose).
- Supartz® or Hyalgan®: J7321 (Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose).

Final takeaway: Be clear on your documentation and choose the most appropriate codes so as to get the most from your services. You will need to report the exact procedure code, diagnosis code, as well as the precise J code for the pain relieving drug the provider administered.