

Outpatient Facility Coding Alert

You Be the Coder: Know the Anatomy to Report 20605

Question: A patient in our clinic was administered injection on the lateral epicondyle. Should we code 20605?

New York Subscriber

Answer: If the injection is administered on the lateral epicondyle, you should report 20551 (Injection[s]; single tendon origin/insertion).

Note: The lateral epicondyle is a tendon origin, not a bursa.

The descriptor for 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]) does refer to the elbow, but it also specifies a bursa or joint injection, which your physician did not perform.

When you can use 20605: If the physician documents an injection to the olecranon bursa (which is fairly close to the lateral epicondyle), you would bill 20605.