

Pain Management Coding Alert

Descriptor Look-Over: The Year's Halfway Over - Are Your Reading Arthrocentesis Descriptors Thoroughly?

Pay attention to whether the provider used ultrasound guidance.

CPT® 2015 introduced several new and revised codes as part of the family of ultrasound guided arthrocentesis of small, intermediate, and large joints. The descriptor tweaks were minimal compared to some other code changes, but knowing the small details can make a big difference in your claims success. If you've been getting denials, those fine details could be what's tripping you up. Read on for your mid-year refresher.

Check Out the Changes

Descriptors for the previously existing joint injection codes (20600, 20605, and 20610) now include the phrase "without ultrasound guidance." Each is partnered with a new code (20604, 20606, and 20611) with the descriptor, "with ultrasound guidance, with permanent recording and reporting." Just as a reminder, the changes are as follows:

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

Rationale: "Billing a diagnostic ultrasound code for the localization [with arthrocentesis] is a no-no; hence the new codes to include localization," said **Bernard A. Pfeifer, MD**, at the AMA's CPT® Editorial Panel Meeting in November when explaining the updates to these codes. "Accuracy is improved with guidance," Pfeifer said during the conference, so when you use ultrasound guidance, report the new codes (20604, 20606 or 20611).

To solidify this new rule, The CPT® Editorial committee has added a "do not report" cross-reference for 76942 (Ultrasonic guidance for needle placement [e.g., biopsy, aspiration, injection, localization device], imaging supervision and interpretation), which means that CPT® now bars you from reporting old standby 76942 with 20604, 20606 and 20611. In addition, 20600, 20605 and 20610 are bundled with 76942, Pfeifer said.

Make it permanent: When your physician reports the "with ultrasound guidance" codes, he should be sure to keep documentation of that, advises **Marvel J. Hammer, RN, CPC, CCS-P, PCS, ACS-PM, CHCO**, of MJH Consulting in Denver, Co. "It is important to note that codes 20604, 20606 and 20611 require that the ultrasound guidance be recorded and the report included in the patient's permanent record," the AMA says in CPT® Changes: 2015.

Keep to One Unit for Every Single Joint

In the list of CCI Manual updates from CMS, you will find an update for arthrocentesis, both with or without ultrasound guidance. CPT® codes 20600-20611 (Arthrocentesis, aspiration and/or injection ...) represent aspiration and/or injection to different sized joints or bursae with or without ultrasound guidance.

Here are 2 simple steps you should remember when submitting claims for arthrocentesis.

1. Do not count joints and bursae separately: When reporting these codes, remember that a unit of service equals a joint and its surrounding bursae (if any).

2. Submit only one unit for each joint: Do not report more than one unit of service for arthrocentesis of any joint, regardless of whether the physician also aspirates or injects one or more of the bursae surrounding the joint.

Example: Your physician documents that he performs arthrocentesis of the right shoulder and two bursae of the same shoulder. He uses ultrasound guidance. You should report one unit of 20611 (Arthrocentesis, aspiration and/or injection, major joint or bursa [e.g., shoulder, hip, knee, subacromial bursa]; with ultrasound guidance, with permanent recording and reporting).