

Pain Management Coding Alert

Pain Management: Use This Arthrocentesis Q&A to Dodge Denials

Don't forget about J code for drugs.

Before choosing the proper code, there are several questions you must answer when your physician performs arthrocentesis to manage a patient's pain.

Why? Coding will depend upon, among other factors, whether or not the physician used fluoroscopic guidance during the procedure.

Pain-related arthrocentesis injection coding can get confusing fast, but we've got an expert to help you. **Amy Turner, RN, BSN, MMHC, CPC**, vice president of revenue at Comprehensive Pain Specialists in Brentwood, Tenn., answered a few questions for us on best coding practices for these procedures.

Check out what she had to say, and remember her advice the next time you're coding for CPT® codes 20600 (Arthrocentesis, aspiration and/or injection, small joint or bursa [e.g., fingers, toes]; without ultrasound guidance) through 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).

Q: Who needs arthrocentesis services 20600-20611?

A: According to Turner, the most common presentations for pain-relieving arthrocentesis would be osteoarthritic conditions. These might include:

- M16.-- (Osteoarthritis of hip)
- M17.-- (Osteoarthritis of knee)
- M19.--- (Other and unspecified osteoarthritis).

Q: When would the pain management specialist perform a pain-relieving arthrocentesis injection?

A: Your practice will mostly perform arthrocentesis injections on larger joints, Turner says.

Example: A patient reports to the practice complaining of right knee pain. The physician diagnoses unilateral primary osteoarthritis in the patient's right knee. She then injects 40 mg of Depo-Medrol with ultrasound guidance.

On the claim, you should report

- 20611 for the arthrocentesis injection
- J1030 (Injection, methylprednisolone acetate, 40 mg) for the supply of Depo-Medrol
- M17.11 (Unilateral primary osteoarthritis, right knee) appended to 20611 to represent the patient's injury.

Q: Why would a physician need fluoroscopy during an arthroscopy?

A: If the physician needs to use fluoroscopic guidance during an arthroscopy, it is likely because she had trouble with needle placement, Turner says. If the notes indicate that there were complications during needle placement for the arthrocentesis, and that complication resulted in the physician using fluoroscopy, you might need to report once of the

following codes, depending on the specifics of the encounter:

- 20604, Arthrocentesis, aspiration and/or injection, small joint or bursa (e.g., fingers, toes); with ultrasound guidance, 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.

Q: Can you report J codes for substances used during arthrocentesis?

A: Your physician will typically inject steroids during pain-relieving arthrocentesis injections, Turner says. Some of the most common drugs include:

- **Depo-Medrol:** J1020 (Injection, methylprednisolone acetate, 20 mg), J1030 (... 40 mg), J1040 (... 80 mg)
- **Dexamethasone:** J1110 (Injection, dihydroergotamine mesylate, per 1 mg)
- **Triamcinolone acetonide NOS:** J3301 (Injection, triamcinolone acetonide, not otherwise specified, 10 mg)
- **Synvisc or Synvisc One:** J7325 (Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg)
- **Orthovisc:** J7324 (Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose) per dose
- **Supartz or Hyalgan:** J7321 (Hyaluronan or derivative, Hyalgan or supartz, for intra-articular injection, per dose).