

Pain Management Coding Alert

Reader Question: Check Injection Site for Correct Sinus Tarsi Code

Question: We recently received a denial when we reported a cortisone injection to the sinus tarsi with code 20550. Why was it denied?

Florida Subscriber

Answer: The sinus tarsi is a space rather than a joint or ligament, which makes coding a sinus tarsi injection tricky. The area is the soft indentation just in front of the lateral malleolus and contains nerve endings, fat, joint capsule, arterial anastomoses, and five ligaments.

Your coding will depend on the actual injection site. If the physician administers an injection into the surrounding soft tissue, you report 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar "fascia"]). In most situations, however, he administers the injection into the actual sinus tarsi space, which provides the lateral access to the subtalar joint. In that instance you can more accurately describe your work using 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]; without ultrasound guidance).

Your diagnosis will also need to support the appropriate injection code. Under ICD-9, you would choose code 726.79 (Other enthesopathy of ankle and tarsus) to report sinus tarsi syndrome. With ICD-10, that shifts to several possibilities, depending on the documentation. Options might include:

- M76.70 ☐ Peroneal tendinitis, unspecified leg
- M76.71 ☐ Peroneal tendinitis, right leg
- M76.72 ☐ Peroneal tendinitis, left leg
- M77.50 ☐ Other enthesopathy of unspecified foot
- M77.51 ☐ Other enthesopathy of right foot
- M77.52 ☐ Other enthesopathy of left foot.

Plus: Remember to include a corresponding J code to gain reimbursement for the drug injected.