

Pain Management Coding Alert

Reader Question: Think 'Space,' Not 'Joint' for Sinus Tarsi Injection

Question: I recently received a denial for a cortisone injection to the sinus tarsi with the unlisted procedure CPT® code. Does CPT® include a more appropriate code for this procedure?

Montana Subscriber

Answer: The correct code for this procedure is hard to pin down because the sinus tarsi is neither a joint nor a ligament, but a space.

Your coding will depend on whether the surgeon administers an injection into the surrounding soft tissue, in which case 20550 (Injection[s]; single tendon sheath, or ligament, aponeurosis [e.g., plantar fascia]) is appropriate, or if the surgeon injects the actual sinus tarsi space (which is more common).

If the physician injects the space itself, 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]).

Your diagnosis will also need to support the appropriate injection code. Surgeons most often use ICD-9 code 726.79 (Enthesopathy of ankle and tarsus; other) to report sinus tarsi syndrome.

ICD-10: When your diagnosis system changes to ICD-10 in 2015, you'll find the best codes in the M77.5- (Other enthesopathy of foot) category.

Plus: Don't forget to use a corresponding J code to gain reimbursement for the drug that the surgeon injected. In the case of cortisone, use J0833 (Injection, cosyntropin, not otherwise specified, 0.25 mg).