

Radiology Coding Alert

Coding Strategies: Mark These Changes To Refine Your Arthrocentesis Reporting

Confirm if any ultrasound guidance was used.

Remember how three new codes joined revised codes in the family of ultrasound guided arthrocentesis of small, intermediate, and large joints in January? The previously existing codes, 20600, 20605 and 20610, now include the phrase "without ultrasound guidance" and each is partnered with a new code (20604, 20606, and 20611) with the descriptor, "with ultrasound guidance, with permanent recording and reporting." 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 the 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. "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.