

Billing for Injections

November 07, 2023

Billing Medicare for bilateral injections:

⇒ 1 line Item with Modifier 50-1 Unit **ONLY** and double the fee

Billing Commercial insurances for bilateral injections, you can still bill:

⇒ 2 separate line items with the respective site modifier (RT/LT)

64455- Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)

64632- Destruction by neurolytic agent; plantar common digital nerve

******Use G57.61 (RT), G57.62 (LT) or G57.63 (bilateral) for Morton's metatarsalgia, neuralgia, or neuroma**

NOTE: ONLY CPT 64455 or 64632 may be used with these diagnosis codes

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Cont'd

20550- Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")

20551- Injection(s); single tendon origin/insertion

Injection therapies for Morton's neuroma do not involve the structures described by CPT code 20550 and 20551.

Injections for plantar fasciitis are addressed by 20550 and ICD-10-CM M72.2.

Injections for other tendon origin/insertions by 20551.

Injections to include both the plantar fascia and the area around a calcaneal spur are to be reported using a single 20551.

Reference: CMS Website