Internal Medicine Coding Alert

You Be the Coder: Modifier -51 and Multiple Trigger Point Injections

Question: We attach modifier -51 for trigger point injections performed on two or more body parts. Our internist may give an injection in both the right shoulder and right hip during the same session. We dont always get reimbursed for both injections. Am I using the wrong modifier? What is the correct way to report these services?

Ohio Subscriber

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Answer: There is no standard modifier to use with those payers that reimburse for multiple injections. Empire Medicare Services of New York, one of the states Part B carriers, states in its local medical review policy that it will reimburse for injections given in additional areas of the body and instructs that modifier -59 (distinct procedural service) be attached to the subsequent injection codes to indicate that they are separate procedures. However, **Jim Stephenson,** president of North Central Medical Management, a multispecialty medical billing company in Elyria, Ohio, says that he uses modifier -51 (multiple procedures) for the same purpose.

Coding and reimbursement policies regarding multiple trigger point injections (20550) will vary widely from payer to payer. Noridian of Iowa, the local Medicare carrier, will reimburse for multiple injections in the same area of the body. The local medical review policy that covers Alaska, Arizona, Hawaii, Nevada, Oregon and Washington does not provide extra reimbursement for multiple trigger point injections, regardless of whether they are in the same or different region of the body.

Unfortunately, the only way for you to know for certain what modifier should be used is to contact your various payers directly and ask them for their specific coding and reimbursement policies.