Eli's Rehab Report

CPT 2004 Clarifies Trigger Point Code

The AMA continues to tinker with the trigger point injection code descriptors, and CPT 2004 debuts a new assistive technology assessment code, which means you will have to adjust your superbill again to reflect the new changes that CPT 2004 has in store for rehab practices.

For PM&R coders, the biggest changes in CPT 2004 are three revised injection codes (revised text in descriptors is bold):

1. **CPT 20550** - Injection(s); single tendon sheath, or ligament, **aponeurosis (e.g., plantar "fascia")**
2. **CPT 20551** - Injection(s); **single** tendon origin/insertion
3. **CPT 20552** - **Injection(s);** single or multiple trigger point(s), one or two muscle(s).

"Aponeurosis," a term added to the descriptor for 20550, is a sheet-like fibrous membrane that resembles a flattened tendon and binds muscles together or connects muscle to bone. Many coders had problems determining whether to use 20550 or 20551 for injections to these sites, so revising 20550 should help clarify their use. Coders will also notice that 20550 and many other procedures no longer bear their starred procedure designation (*). See the article "CPT Clears Up Cloudy Starred Procedures" on page 3 for more information.

You Can Report 20551 Twice, But 20552 Only Once

The descriptor change to 20551 suggests that you can bill multiple units of 20551 if the physician injects separate tendon origins or insertions. For example, a patient falls from a ladder and lands on his left ankle, which gives way beneath him. The patient then falls onto his side and hits his left shoulder.

His physician might perform a tendon origin/insertion injection to the left Achilles tendon insertion and a separate and distinct injection into the patient's left biceps tendon insertion. Simply adding the word "single" to 20551's descriptor means that the physiatrist in this scenario can bill both services and remain compliant. If you see this type of operative report, append modifier -59 (Distinct procedural service) to the second injection to indicate that the physician performed two different services.

"These changes were made to the injection codes to further clarify correct coding for multiple injections in the same muscle as well as for multiple injections in different muscles," says **Allison Waxler,** practice management policy analyst at the American Academy of Physical Medicine and Rehabilitation in Chicago.

You should still report one unit of 20552 when performing one or more injections in one or two muscles. For one or more injections in three or more muscles, report one unit of 20553 (Injection[s]; single or multiple trigger point[s], three or more muscles). You should never bill multiple units of 20552 or 20553, even if you perform multiple injections or inject multiple muscles.

The changes to 20552 now clarify the existing policy of reporting the trigger point injection code only once if you inject the same muscle multiple times. "If your providers routinely perform trigger point injections and you have current coding resources available, you shouldn't be as confused about reporting TPIs," says **Debbie Gulledge, CPC,** a coder in Charlotte, N.C. "You just need to pay close attention to the number of muscle groups involved."

CPT Adds Assistive Technology Code

CPT 2004 added only one new code to the PM&R section: 97755 (Assistive technology assessment [e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility],

direct one-on-one contact by provider, with written report, each 15 minutes). Although this code refers to an assistive technology assessment, it probably will not apply to assessments for alternative communication devices, which are still covered by 92605 (Evaluation for prescription of non-speech-generating augmentative and alternative communication device) and 92607 (Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour).

New Nerve Block Codes Make Their Debut

In addition to the trigger point changes and the new assistive technology codes, PM&R practices will now be able to more accurately pinpoint nerve blocks with the addition of two new codes:

4. 64449 - Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) including daily management for anesthetic agent administration
5. 64517 - Injection, anesthetic agent; superior hypogastric plexus.

Note: Although this article presents the codes and editorial changes that PM&R practices will use most often, you should review CPT 2004 in its entirety to ensure that you update your superbills in 2004 to reflect new, deleted and revised CPT codes.