

Eli's Rehab Report

Reader Question: New Trigger Point Codes

Question: Until this year, we were billing trigger point injections (TPIs) with [CPT 20550](#) and listing the number of sites injected, and we had no problems. Then this year, the new TPI codes were introduced (20552-20553), but I'm still not sure how to use them. For instance, if I perform 13 total TPIs to six muscle groups, should I code 13 units of 20553 (Injection; single or multiple trigger point[s], three or more muscle groups) or just two (to signify the six sites)?

Georgia Subscriber

Answer: You should only bill one unit of 20553, regardless of how many total TPIs were performed. The descriptor for 20553 reads, "three or more muscle groups" and, therefore, six muscle groups would fall into the "or more" category. Unfortunately, the new codes do not allow for extra reimbursement when more than three muscle groups are injected.

Some practices have tried to get around this new coding method by billing multiple units of 20552 (Injection; single or multiple trigger point[s], one or two muscle groups), but this is incorrect as well. For instance, if they inject six muscle groups, they report six units of 20552. This is absolutely not correct coding, and payers will not reimburse you for the additional units. Even if they make a mistake and pay you extra for the subsequent units billed, you would be at risk if an audit revealed this sneaky way of trying to increase your reimbursement.

If you inject one or two muscle groups, use 20552, and if you inject any more than two, bill 20553.