

Eli's Rehab Report

Reader Question: Update Your TPI Coding

Question: Our physiatrist performed four trigger point injections in different muscle groups. Our carriers Web site advised reporting 20550-59 on separate lines for each muscle group we injected. But CPT defines 20550 as a tendon sheath or ligament injection, not a muscle group. Should we follow the carriers advice anyway?

Missouri Subscriber

Answer: Your carriers Web site sorely needs an update. Its advice to report 20550-59 (Injection[s]; tendon sheath, ligament; distinct procedural service) was accurate until CPT 2002 made its debut. Effective Jan. 1, 2002, carriers began accepting the then-new trigger point injection codes 20552 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]) and 20553 (Injection[s]; single or multiple trigger point[s], three or more muscles), at which point 20550 became invalid for reporting trigger point injections.

And, you should not append modifier -59 to your trigger point injection claims. Codes 20552 and 20553 refer to single or multiple trigger point(s), so you should report each code only once. Therefore, because your physiatrist addressed three different muscle groups, you should report one unit of 20553.

Remember that the trigger point injection codes refer to muscle groups, not individual muscles. If, for example, you inject three different cervical spinal muscles, you should report one unit of 20552 to reflect the multiple injections in a single muscle group. If you inject the cervical spine, the lower right leg and the upper right leg, you should report one unit of 20553.