

Eli's Rehab Report

You Be the Coder: Piriformis in Conjunction With SI Injection

Question: My physiatrist performed a piriformis injection in conjunction with an SI injection (27096) for sacroiliitis. Which code should I use - 20550, 20551 or [CPT 20552](#) ?

Louisiana Subscriber

Answer: If the physiatrist indicates that he injected into the piriformis muscle, you should use 20552 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]). If the physiatrist indicates that he injected the sciatic nerve, look at 64445 (Injection, anesthetic agent; sciatic nerve, single).

Piriformis syndrome is a condition in which the piriformis muscle irritates the sciatic nerve and causes pain in the buttock and may cause pain along the back of the leg and into the foot (similar to sciatica pain).

The piriformis muscle is a small muscle located deep in the buttock (underneath the gluteus maximus muscle). Piriformis syndrome can develop when the piriformis muscle becomes tight or spasms and places pressure on the sciatic nerve that runs beneath it.

FYI: The National Correct Coding Initiative (NCCI) bundles 20552 into 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid). You can override this edit with a modifier, but you **must** have documentation of the distinct and separate procedure to support it.

Note: The Office of Inspector General (OIG) 2005 Work Plan has the "use of modifiers to bypass the NCCI" edits as one of its hot items to review this year.

Aren't sure of what the documentation says? Ask the physiatrist. Sometimes they inadequately document the anatomic structure they're injecting.

Usually an addendum can help clear up the documentation, plus the provider learns that documentation is important - not only for reimbursement but also for medical legal issues.