

## Outpatient Facility Coding Alert

### Reader Question: Count the Number of Muscles and Not Injections

**Question:** The physician administered trigger point injections to fingers 2-5 on both the patient's hands. He coded the procedure as 20605 x 8. Is it the right way to code?

Massachusetts Subscriber

**Answer:** The CPT® code 20605 (Arthrocentesis, aspiration and/or injection; intermediate joint or bursa [e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa]) represents intermediate joint aspiration/injection and you stated that the physician performed trigger point injections (TPI). The correct choices for TPI would be:

- 20552 □ Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
- 20553 □ Injection(s); single or multiple trigger point(s), 3 or more muscle(s).

Notice that the codes are based on the number of muscles injected rather than the number of injections administered. Take a closer look at your provider's documentation to determine how many muscles he injected on each finger. If one or two, you'll submit 20552 for that finger; if three or more, report 20553.