

Pain Management Coding Alert

Quick Facts: Here's What to Do About TPI Muscle Groups, Drug Supply

You should be able to code separately for TPI drugs.

In an effort to code as completely as you can, you'll need to know whether to report drug supply separately on your trigger point injection (TPI) claims. Further, knowing which muscle groups providers commonly target with TPIs can help you be more efficient.

Check out this rundown of TPI supply rules and common TPI anatomy.

J Codes Commonly Employed for TPI Dose

When your provider performs a TPI, you should be able to code separately for drugs, confirms **Yvonne Dillon, CPC, CEDC**, director of emergency department services at Bill Dunbar and Associates, LLC in Indianapolis, Indiana.

"For instance, the HCPCS J codes may be utilized to capture the steroid or corticosteroid medication," she says.

Check out this list of drugs that your provider might use during a TPI:

Bethamethasone (Celestone®)

- J0702 - Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg

Prednisolone (Prelone®)

- J2650 - Injection, prednisolone acetate, up to 1 ml

Methylprednisone (Medrol®, Depo-Medrol®, Solu-Medrol®)

- J1030 - Injection, methylprednisolone acetate, 40 mg
- J1040 - Injection, methylprednisolone acetate, 80 mg
- J2920 - Injection, methylprednisolone sodium succinate, up to 40 mg
- J2930 - Injection, methylprednisolone sodium succinate, up to 125 mg.

Remember: This is merely a list of drugs your provider might use; don't take it as gospel. Check with your providers about the drugs they use during TPIs, and check with your payers to see the TPI drugs they consider reimbursable.

Put These Muscles on Your TPI Watch List

In the CPT® entry for TPIs it lists several muscles that the provider might inject during a TPI: longissimus, iliocostalis, multifidus, quadratus, and psoas major. Those are not nearly the only muscles that might require TPI, experts say.

"There is no exact count of the number of muscles in the body largely because expert opinions are conflicted regarding what constitutes a distinct muscle," explains **Joanne Mehmert, CPC, CCS-P**, president of Joanne Mehmert and Associates in Kansas City, Missouri. "Some say there are about 640 muscles," she says, so you'll need to refrain from compiling a complete list of anatomical targets for TPIs.

It wouldn't hurt, however, to know a little about the more common TPI muscles. According to **Deborah Messinger-Pellon, RHIT, CCS, CPC, CPMA**, coding manager, Surgery & Anesthesia Team at Massachusetts General Physicians Organization/Professional Billing Office in Charlestown, Massachusetts, some of the more common muscles that fall

victim to trigger points include:

- Masseter;
- Scalene group;
- Trapezius (upper and lower);
- Rhomboids;
- Piriformis gluteus maximus;
- Occipital ridge;
- Levator scapulae;
- Rotator cuffs;
- Quadratus lumborum;
- Gastrocnemius;
- Soleus;
- Plantaris; and
- Quadratus plantae (for plantar fasciitis).