

Trigger Point Injections

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September 2003 page 11

Coding Communication: Trigger Point Injections

Centuries ago, the Chinese developed various therapies to alleviate pain in the muscles and surrounding tissue areas. With the advancement of medicine, these methods of treatment have come a long way. While old therapies may be obsolete, variations of the techniques and treatment delivery continue to evolve. Some common examples of pain control injections performed today are known as trigger point injections, trigger point therapy, or pressure point therapy.

In order to clarify and assist in accurate coding of these injections, codes 20552 and 20553 were revised for *CPT 2003*. Before we discuss the revisions for 2003, we will explain a trigger point, a trigger point injection, some common causes of trigger points, and how trigger points are managed. We will also provide some examples of intra-service work of a typical treatment session.

20552 Injection(s); single or multiple trigger point(s), one or two muscle(s)

20553 Injection(s); single or multiple trigger point(s), three or more muscle(s)

You may ask, what exactly is a trigger point and what is involved in a trigger point injection? To begin with, a trigger point is an area of highly sensitive soft tissue within a muscle or around muscles that may cause pain and tenderness. The trigger point is often described as a painful knot or tight band of muscle fiber. When a healthy muscle is active, the muscle will contract and relax. The problem arises in damaged muscle tissue when the muscle ceases to relax and begins to form a knot(s) or tight band(s) of muscle fiber. Upon examination, a physician may detect these knot(s) or tight band(s) by palpating the skin.

Some frequent causes of soft tissue muscle damage can be due to injuries (eg, whiplash), repetitive movements in daily activities (eg, typing), poor posture, pinched nerves, stress, and lack of exercise. Injury sites can become extremely sensitive to touch, become swollen and inflamed, and/or irritated. The most noted indication in patients diagnosed with this type of soft muscle tissue damage is discomfort and pain. In more severe cases, the knots or bands may cause blood flow to become constricted within a muscle or muscle group.

Additionally, some patients report a limited range of motion in their joints caused by these knots or bands.

Treatment for the affected trigger points is similar to ancient Chinese methods, it involves injection(s) of medication into the damaged tissue area. The injection serum may include medications such as, a local anesthetic, an anti-inflammatory drug, corticosteroid, and/or normal saline solution. The goal of the injection(s) is to relieve the patient of muscle tension and pain. Depending on the patient's response and level of pain relief achieved from the injection treatment, a combination of the medications may be required. Equally, depending on the number of muscle or muscle groups involved, and the extent of soft tissue damage, several injections or a series of injections may be necessary to alleviate the pain. Possible indications of trigger point injections may include the following:

- Fibromyalgia
- Plantar fasciitis
- Headaches associated with neck pain
- Chronic lower back pain
- Osteoarthritis
- Multiple sclerosis
- Chronic myofascial pain
- Joint disease
- Focal areas of muscle hyperactivity
- Scoliosis
- Herniated/degenerative disks

Example of Intra-service Work Associated With Code 20552

After identification of the trigger point in the multifidus muscle left of the L5 spinous process by palpation, a 1.5- to 2-in, 25-gauge needle is inserted through the skin into the muscle. The needle is advanced a short distance, about 2 to 4 cm, observing any complaints of paresthesia while searching for the area of maximum tenderness. If any complaints or paresthesia are encountered the needle is withdrawn slightly until the complaints or paresthesia stop. Next the injectant solution is infiltrated in a fanwise method into the trigger point after aspiration is negative for blood. The solution is usually a mixture of 1 to 5 cc of anesthetic containing a corticosteroid. Post procedure, the injection area is cleansed and a bandage applied to the site.

Example of Intra-service Work Associated With Code 20553

After identification of the three trigger points by palpation, a 1.5- to 2-in, 25-gauge needle is inserted through the skin into the muscles. The needle is advanced a short distance, about 1 to 3 cm, observing any complaints of paraesthesia while searching for the areas of maximum tenderness. If any complaints or paraesthesia are encountered, the needle is withdrawn slightly until the complaints stop. Next, 1 to 3 cc of the injectant solution is infiltrated in a fanwise method into the trigger points after aspiration is negative for blood. The solution is usually a mixture of an anesthetic containing a corticosteroid. Post procedure the injection areas are cleansed and bandages are applied to the site if any bleeding occurs.

Following the injection(s), patients may experience some tenderness/soreness at the injection site. Patients are often monitored for approximately 20 to 30 minutes to assess any potential complications from the injection. It is recommended the patient be discharged home with a driver after receiving post-injection instructions and a last evaluation from the physician.

Finally, it is important to update your system to allow for the recognition of these revised CPT codes to ensure accurate reporting. Codes 20552 and 20553 are reported one time per session regardless of the number of injections or muscles injected. This is indicated through the revisions that added an "(s)" to the term injection and to the term muscle.

Trigger point injections provide an alternative treatment for patients who endure pain and discomfort on a daily basis. They make it possible for patients to effectively return to daily activities by easing the severity of pain. 
