

Eli's Rehab Report

READER QUESTIONS: Base Bilateral TPI on Number of Muscles

Question: I know Medicare doesn't recognize modifier 50 (Bilateral procedure) for trigger point injections. So how should I report trigger points done at three sites bilaterally: Should I use the LT and RT modifiers or report six units of 20553?

Texas Subscriber

Answer: You cannot report trigger point injections either bilaterally or with multiple units. Trigger point codes are based on the number of muscles injected, not the number of injections. For this reason, you should not have multiple occurrences of codes.

Consult your physiatrist's documentation. If the physiatrist injects one or two muscles (it doesn't matter where), you should use 20552 (Injection[s]; single or multiple trigger point[s], one or two muscle[s]). For injections into three or more muscles, use 20553 (... single or multiple trigger point[s], three or more muscles).