

Coding Clarification: Trigger Point Injections Using "Dry Needling" Technique

Dry needling (DN) is a technique in which a thin filiform needle is used to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues. The technique is used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function which may lead to an individual's improved daily activity.

Prior to 2002, CPT code 20550, Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia"), was used to report injections of various anatomic sites (ie, tendon sheath, ligament, ganglion, trigger point). However, as new techniques emerged for performing trigger point services, there was some confusion regarding the appropriate reporting of trigger point injections when a "dry needle" technique is used. Consequently, in the June 1998 issue of the CPT Assistant newsletter (p 10), the following frequently asked question was published to address proper reporting of trigger point injections using a "dry needle" technique.

Question:

My physician performs a trigger-point injection using a "dry needle" (a syringe which does not contain an injectable). Can I still use 20550, or should another code be reported?

Answer:

The intent of code 20550 is to identify the procedure of performing the trigger-point injection itself. The supply of the injectable is reported separately, using an appropriate HCPCS code to identify the specific injectable used. Since the injectable supply is not included as part of the 20550 procedure, if a "dry needle" technique is used, code 20550 may be used to identify the procedure performed.

For the 2002 CPT® code set, codes 20551, Injection(s); single tendon origin/insertion, 20552, Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s), and 20553, Injection(s); single or multiple trigger point(s), 3 or more muscle(s), were established to differentiate the techniques associated with multiple muscle group injections for trigger points. In addition, code 20550 was revised to describe only injections of a tendon sheath, ligament, or ganglion cyst, thus excluding trigger point(s). Due to this revision of code 20550, confusion remained regarding the reporting of trigger point injections using a "dry needle" technique. To clarify proper reporting of trigger point services performed using a "dry needle" technique, an article was published in the September 2003 issue of CPT Assistant, stating that codes from the (20550-20553) code range are not intended for reporting a "dry needle" technique, and that dry needling techniques may be reported with the unlisted procedure code 20999, Unlisted procedure, musculoskeletal system, general.