Local Coverage Article: Piriformis Injections (A56027)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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<th>Contractor Name</th>
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Article Information

General Information

Article ID
A56027

Article Title
Piriformis Injections

Original Article Effective Date
07/01/2018

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A
This article replaces all prior instructions for billing and performing a piriformis muscle injection.

Piriformis syndrome may be a common cause of back, buttock and leg pain due to injury to the piriformis muscle. This clinical syndrome is due to compression of the sciatic nerve by the piriformis muscle and may be identical in clinical presentation to low back pain (LBP) with associated LS, S1 radiculopathy due to discogenic and/or lower lumbar facet arthropathy with foraminal narrowing. Patients may also demonstrate both of these clinical entities simultaneously. This diagnostic dilemma highlights the need for patients with LBP and associated radicular pain to undergo a complete history and physical examination.

Noridian Healthcare Solutions (Noridian) has noted that CPT codes 72195-72197 (Magnetic resonance (e.g., proton) imaging, pelvis) are being used for mapping purposes prior to injection of the piriformis muscle and surrounding muscle groups (i.e., gemelli and obturator intemus muscles). However, there is no clear clinical evidence that doing an MRI, CT Scan or EMG for placement of the needle into the piriformis or to inject the sciatic nerve is of more benefit than using common landmarks.

For these reasons, the MRI CPT Codes 72195-72197 will be denied when billed in conjunction with injection of the piriformis muscle or surrounding muscle groups.

Noridian has also noted that providers have been using both CPT codes 64999 (unlisted procedure nervous system) and 64445 (Injection anesthetic agent; sciatic nerve, single) for the injection of the piriformis muscle and surrounding muscle groups. This is not the correct way to code. When the clinical notes reflect direct nerve block to the sciatic nerve, 64445 should be used. When the injection focus is in the piriformis muscle or surrounding muscle groups, 20552 should be used. Per CPT Assistant December 2011, Volume 21, Issue 12 page 8; There is a significant difference in the work and procedure, as well as intent, between an injection of the
piriformis muscle and the perineural injection of the sciatic nerve. The sciatic nerve injection code (64445) should not be used to report a piriformis injection.

Source:


Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

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<td>20552</td>
<td>INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)</td>
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ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A
Keywords

- Piriformis injection,
- 64999,
- 20552.