

MP.098 Trigger Point Injections

Maryland Physicians Care considers **Trigger Point Injections (TPI)** medically necessary for the following indications:

- Established myofascial pain syndrome (MPS) which is unresponsive ≥ three weeks to noninvasive medical management (e.g., analgesics, passive physical therapy, ultrasound, range of motion, active exercises, massage and activity modification therapy).
- As a bridging therapy to relieve pain while other treatments are also initiated such as medication or physical therapy.
- As a single therapeutic maneuver when joint movement is mechanically blocked (e.g., coccygeus muscle).

AND

- Trigger points have been identified by palpation.

Up to 2 sets of injections at least 7 days apart may be given for diagnosis and stabilization for the same trigger point.

For repeat trigger point injections all of the following must be met:

- Prior injections demonstrated ≥50% improvement for ≥ 6 weeks.
- There was a return of pain and/or deterioration following 6 weeks of improvement.
- Injections are not used as the only treatment, but rather are intended as pain relief to allow mobilization while other non-invasive treatments are being tried.

Limitations

- TPI is not covered more often than three sessions in a three-month period. Medical necessity for additional injections must be documented in the medical record and available upon request.
- Medical record documentation must support the medical necessity, frequency and patient response to TPI and be available upon request.
- Only one code from 20552 to 20553 should be reported on a given day, no matter how many sites or regions are injected.
- Prolotherapy is not a covered service, and billing under the trigger point injection code is a misrepresentation of the actual service performed.

MP.098.MPC Trigger Point Injections

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Background

Trigger point injection is a procedure used for the management of chronic pain. TPI works by injecting a solution of an anesthetic, steroid, and/or anti-inflammatory into extremely painful areas of muscle that contain trigger points or knots of muscle that form when muscles fail to relax. According to the Centers of Medicare and Medicaid (CMS), these trigger points are hyper irritable foci that may be present in any skeletal muscle in response to strain and appear as a knot or tight band of muscle. Compression of the trigger point may elicit tenderness, referred pain or a local twitch response. The goal of TPI is to inactivate the trigger point there by alleviating pain and restoring function to the area. Although trigger points only form in muscle, they can also irritate surrounding nerves and cause pain felt elsewhere in the body. The diagnosis of trigger points requires a thorough history and examination. CMS indicates the following as possible clinical symptoms: history of onset of pain and presumed cause, distribution pattern of pain consistent with pattern of trigger points, range of motion restriction, muscular deconditioning in affected areas, focal tenderness of trigger point, palpable taut band of muscle in which trigger point is located, and reproduction of referred pain pattern upon stimulation of trigger point. Activation of trigger points is thought to be caused by acute or chronic muscle overload, activation by other trigger points, psychological stress, radiculopathy, or infection.

Myofascial pain syndrome (MPS) is a chronic pain condition characterized by the presence of multiple trigger points located in the muscle or surrounding tissue (muscle fascia). TPI is a useful therapy for patients with Myofascial pain syndrome who are unresponsive to other less invasive treatments such as massage, ultrasounds, analgesics, physical therapy, and range of motion exercises.

CMS recommends a multi-disciplinary or collaborative comprehensive evaluation (e.g., orthopedics, neurologist, neurosurgeon, physiatrist, anesthesiologist, pain medicine specialist, and/or attending physician) be conducted prior to initiating a trial of these injections for the relief of chronic pain.

Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes | |
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| Code | Description |
| CPT Codes | |
| 20552 | Injection(s): single or multiple trigger point(s), 1 or 2 muscle(s) |
| 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscles |

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| ICD-10 codes covered if selection criteria are met: | |
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| M46.01 | Spinal enthesopathy, occipito-atlanto-axial region |
| M46.02 | Spinal enthesopathy, cervical region |
| M46.03 | Spinal enthesopathy, cervicothoracic region |
| M46.04 | Spinal enthesopathy, thoracic region |
| M46.05 | Spinal enthesopathy, thoracolumbar region |
| M46.06 | Spinal enthesopathy, lumbar region |
| M46.07 | Spinal enthesopathy, lumbosacral region |
| M46.08 | Spinal enthesopathy, sacral and sacrococcygeal region |
| M46.09 | Spinal enthesopathy, multiple sites in spine |
| M53.82 | Other specified dorsopathies, cervical region |
| M53.83 | Other specified dorsopathies, cervicothoracic region |
| M53.84 | Other specified dorsopathies, thoracic region |
| M53.85 | Other specified dorsopathies, thoracolumbar region |
| M54.2 | Cervicalgia |
| M54.5 | Low back pain |
| M54.6 | Pain in thoracic spine |
| M60.80 | Other myositis, unspecified site |
| M60.811 | Other myositis, right shoulder |
| M60.812 | Other myositis, left shoulder |
| M60.819 | Other myositis, unspecified shoulder |
| M60.821 | Other myositis, right upper arm |
| M60.822 | Other myositis, left upper arm |
| M60.829 | Other myositis, unspecified upper arm |
| M60.831 | Other myositis, right forearm |
| M60.832 | Other myositis, left forearm |
| M60.839 | Other myositis, unspecified forearm |
| M60.841 | Other myositis, right hand |
| M60.842 | Other myositis, left hand |
| M60.849 | Other myositis, unspecified hand |
| M60.851 | Other myositis, right thigh |

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| M60.852 | Other myositis, left thigh |
| M60.859 | Other myositis, unspecified thigh |
| M60.861 | Other myositis, right lower leg |
| M60.862 | Other myositis, left lower leg |
| M60.869 | Other myositis, unspecified lower leg |
| M60.871 | Other myositis, right ankle and foot |
| M60.872 | Other myositis, left ankle and foot |
| M60.879 | Other myositis, unspecified ankle and foot |
| M60.88 | Other myositis, other site |
| M60.89 | Other myositis, multiple sites |
| M60.9 | Myositis, unspecified |
| M75.80 | Other shoulder lesions, unspecified shoulder |
| M75.81 | Other shoulder lesions, right shoulder |
| M75.82 | Other shoulder lesions, left shoulder |
| M76.31 | Iliotibial band syndrome, right leg |
| M76.32 | Iliotibial band syndrome, left leg |
| M76.811 | Anterior tibial syndrome, right leg |
| M76.812 | Anterior tibial syndrome, left leg |
| M77.51 | Other enthesopathy of right foot |
| M77.52 | Other enthesopathy of left foot |
| M77.9 | Enthesopathy, unspecified |
| M79.0 | Rheumatism, unspecified |
| M79.7 | Fibromyalgia |
| M79.11 | Myalgia of mastication muscle |
| M79.12 | Myalgia of auxiliary muscles, head and neck |
| M79.18 | Myalgia, other site |
| 355.71 | Causalgia of lower limb |

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References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L35010 - Trigger Point Injections. (Contractor: Novitas Solutions, Inc.) Revision Effective Date: 11/18/2021.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35010&ver=36&bc=CAAAAAAAAAAA>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34588 – Trigger Points, Local Injections (Contractor: Wisconsin Physicians Service Insurance Corporation). Revision Effective Date: 09/30/2021. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34588&ver=26&bc=CAAAAAAAAAAA>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L39054 – Epidural Steroid Injections for Pain Management. Revision Effective Date: 12/05/2021.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39054&ver=3&bc=0>
4. Chou R, Huffman LH. Guideline for the Evaluation and Management of Low Back Pain- Evidence Review. American Pain Society. October 2007- May 2009.
https://back.cochrane.org/sites/back.cochrane.org/files/public/uploads/2009_evaluation-management-lowback-pain.pdf

Archived References

1. Hayes Medical Technology Directory. Trigger Point Injection for Myofascial Pain. Publication Date: 12/24/2013. Annual Review Date: 12/10/2014. Archived: January 24, 2019.

Disclaimer:

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