



Policy Number: MP.098.MPC
Last Review Date: 05/16/2024
Effective Date: 06/01/2024

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 \geq 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 $\geq 50\%$ 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.



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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	
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:	
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: 09/01/2022.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35010&ver=40&bc=0>
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: 08/31/2023.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34588&ver=28&bc=CAAAAAAAAAAAA>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L39054 – Epidural Steroid Injections for Pain Management. Revision Effective Date: 11/30/2023.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39054&ver=9&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://www.scribd.com/document/119045326/Guidelines-for-Evaluation-and-Management-of-LBP>

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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