



Subject: Trigger Point Injections*

Effective Date: December 9, 2003

Department(s): Utilization Management

Policy: Trigger point injections of anesthetic and/or corticosteroid are reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to assure appropriate utilization of a specific service.

Procedure:

1. The following documentation must accompany the physician's request to perform trigger point injections:

A. Evidence of history of one of the following chronic (more than 3 months) pain syndromes with corresponding **ICD-9/ICD-10 codes** :

- neck (723.1, 723.9/ M54.2, M53.82)
- upper extremity (726.19, 726.39/ M75.80-M75.82, M70.30-M70.32, M77.8)
- lower extremity (726.5, 726.71, 726.72, 726.79, 726.90/ M25.751-M25.759, M70.60-M70.62, M70.70-M70.72, M76.00-M76.32, M76.891-M76.899, M76.60-M76.62, M76.811-M76.829, M76.70-M76.72, M77.50-M77.52, M77.9)
- back (720.1, 724.2/ M46.00-M46.09, M54.5)

- myofascial (729.1/ M60.80-M60.9, M79.1, M79.7)

AND

B. Evidence that trigger points have been identified by palpation by a physician

AND

C. Failure of less invasive measures, including but not necessarily limited to: bed rest, exercises, heating or cooling modalities, massage, or pharmacotherapies, such as NSAIDs, muscle relaxants, and non-narcotic analgesics.

AND

D. Trigger point injections are not administered in isolation, but are provided as part of a comprehensive pain management program, including physical therapy, patient education, psychosocial support, and pain meds where appropriate.

2. Trigger point injections are not reimbursable for diagnoses other than the chronic pain syndromes listed in 1.A.
3. Not more than 3 trigger point injections per anatomic area are reimbursable within a 12-month period.
4. Not more than 1 trigger point injection per anatomic area is reimbursable within a 7-day period.
5. The only appropriate **CPT codes** for trigger point injections are **20552** (1 or 2 muscles) and **20553** (three or more muscles). These codes are covered **ONLY ONCE PER SESSION**, regardless of the number of injections or muscles involved.

6. The **CPT codes 20550** (injection[s] of tendon sheath, ligament) and **20551** (injection[s] of tendon origin/insertion) shall not be used to indicate a trigger point injection.
7. Ultrasound guidance (CPT 76942) is not considered medically necessary for trigger point injections and is not reimbursable.
8. Dry needling of trigger points is not reimbursable as it is considered investigational.

References:

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Scott NA, Guo B, Barton PM, Gerwin RD. Trigger point injections for chronic non-malignant musculoskeletal pain: a systematic review. *Pain Med.* 2009(Jan); 10 (1):54-69.

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Centers for Medicare & Medicaid Services. Local Medical Review Policy (Empire Medicare Services) SU006A01: Trigger Point Injections. July 1, 2002

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Medicare Medical Policy, Trigger Point Injections, 08/01/05

Manchikanti L, Singh V, Kloth D. American Society of Interventional Pain Physicians; Interventional Pain Management Practice Policies; www.ASIPP.org (Verified 05/23/06)

Appendix: Trigger Point Injection: is a procedure used to treat discrete, focal, hyperirritable and painful areas of muscle that contain “trigger points” or knots of muscles that form when muscles do not relax. These “knots” can often be palpated under the skin and may irritate the nerves around them causing “referred pain” to another part of the body. The trigger point injection is an injection with a local anesthetic with or without steroids.

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.