



MEDICAL COVERAGE POLICY

SERVICE: Trigger Point Injections

Policy Number: 081

Effective Date: 12/01/2019

Last Review: 10/17/2019

Next Review Date: 10/17/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not required.

POLICY: SWHP may consider trigger point injections medically necessary when a trigger point has been identified as described in the OVERVIEW.

Trigger point injection may be considered medically necessary:

- when noninvasive medical management is unsuccessful (e.g., analgesics, passive physical therapy, ultrasound, range of motion and active exercises);
- as a bridging therapy to relieve pain while other treatments are also initiated, such as medication or physical therapy;
- as a single therapeutic maneuver; OR
- when joint movement is mechanically blocked as is the case of the coccygeus muscle.

Limitations

- If acupuncture is not a covered service (as in some contracts), the use of acupuncture needles and/or the passage of electrical current through these needles is not covered (whether an acupuncturist or other provider renders the service).
- SWHP does not cover Prolotherapy.
- Only one code from 20552 or 20553 should be reported on any particular day, no matter how many sites or regions are injected.
- When a given site is injected, it will be considered one injection service, regardless of the number of injections administered.
- It is expected that trigger point injections would not usually be performed more often than three sessions in a three month period. If trigger point injections are to be performed more than three sessions in a three month period, the reason for repeated performance and the substances injected must be clearly stated.

OVERVIEW: Trigger point injections are defined as an injection of a local anesthetic with or without the addition of a corticosteroid into clinically identified myofascial trigger points. Myofascial trigger



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point is defined as a discrete, focal, hyperirritable spot found within a taught band of skeletal muscle or its fascia which when provocatively compressed causes local pain or tenderness as well as characteristic referred pain, tenderness and/or autonomic phenomena. Digital palpation, as well as needle insertion into the trigger point, can often lead to a local twitch response. A local twitch response is a transient visible or palpable contraction of the muscle. The presence of characteristic referred pain, tenderness, muscle shortening and/or autonomic phenomena (e.g., vasomotor changes, pilomotor changes, muscle twitches, etc.) is necessary to render the diagnosis of a myofascial trigger point. Tender points within a muscle or its fascia which do not refer pain, tenderness and/or autonomic phenomena and lack a local twitch response cannot be considered a myofascial trigger point.

MANDATES: None.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

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 muscle(s)
ICD-10	M53.82 Other specified dorsopathies, cervical 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 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



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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
M79.1	Myalgia
M79.7	Fibromyalgia

CMS: LCD: Trigger Point Injection L35010, Revision effective 03/08/2018.

POLICY HISTORY:

Status	Date	Action
New	12/6/2010	New policy
Reviewed	12/6/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	10/24/2013	New LCD included
Reviewed	08/21/2014	No changes.
Reviewed	09/24/2015	ICD-10 codes added
Reviewed	09/29/2016	No significant changes
Reviewed	08/29/2017	Minor updates
Reviewed	07/17/2018	No significant changes
Reviewed	10/17/2019	Aligned criteria with LCD

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

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