

## Reimbursement Clinical Guidelines: Trigger Point Injection

### Policy Position

This reimbursement policy applies Centers for Medicare and Medicaid Services (CMS) guidelines for trigger point injections to all FirstCare Health Plan products. Assures trigger point injections reimburse appropriately according to the member's benefit plan and medical necessity.

### Disclaimer

FirstCare has developed coding and reimbursement policies ("Reimbursement Policies") to provide ready access and general guidance on payment methodologies for medical, surgical and behavioral health services.

These policies are subject to all terms of the Provider Service Agreement as well as changes, updates and other requirements of Reimbursement Policies. All Reimbursement Policies are also subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD-10), FirstCare accepts codes valid for the date of service. Additionally, Reimbursement Policies supplement certain standard FirstCare benefit plans and aid in administering benefits. Thus, federal and state law, contract language, etc. take precedence over the Reimbursement Policies (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). Moreover, the terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from Reimbursement Policies. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in Reimbursement Policies.

Most importantly, our Reimbursement Policies relate exclusively to the administration of health benefit plans and are **not** recommendations for treatment or treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member.

All Reimbursement Policies are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; individual Reimbursement Policies list the applicable LOBs.

### Medical Necessity

#### Definition

Trigger point injections (TPI) are injections of a local anesthetic, with or without a steroid medication, into a painful area of a muscle that has the trigger point. The purpose of a TPI is to relax the area of intense muscle spasm, effectively inactivate the trigger point, and offer prompt symptomatic pain relief. TPI is the most common interventional technique used in pain medicine.

Myofascial trigger point is defined as a discrete, focal, hyperirritable spot found within a taut 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 make 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.

#### Covered Indications

After myofascial pain syndrome (MPS) is established, trigger point injection may be indicated when:

- Presence of symptomatic palpable trigger point(s)

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- Performed using a local anesthetic with or without steroid (e.g., saline or glucose)
- Three months of noninvasive medical management is unsuccessful (including but not limited to bed rest, exercises, heating or cooling modalities, massage, and pharmacotherapies such as non-steroidal anti-inflammatory drugs (NSAIDS), muscle relaxants, non-narcotic analgesics)
- Used as a bridging therapy to relieve pain while other treatments are also initiated, such as medication or physical therapy; or as a single therapeutic maneuver. The logic behind such therapeutic decision-making should be obvious in the medical record and available upon audit or retrospective review

This policy imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy.

### Limitations

- Only one trigger point code from 20552 or 20553 are reported on any particular day, no matter how many sites or regions are injected.
- When a given site is injected, it is considered one injection service, regardless of the number of injections administered.
- Repeat therapeutic trigger point injections in the absence of clinical improvement in pain and function after the first diagnostic injections.
- Trigger point injections are not performed more often than three sessions in a three month period.

### Non-indications

Trigger point injections are considered not medically necessary for any of the following:

- When performed with any substance other than local anesthetic with or without steroid (e.g., saline or glucose)
- When performed on the same day of service as other treatments in the same region

Acupuncture (also known as acupoint injection therapy, biopuncture) is not a covered service, even if provided for the treatment of an established trigger point. 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).

FirstCare consider dry needling experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language

- Dry needling is not to be confused with traditional Chinese acupuncture, even though it does make use of acupuncture-type needles. Acupuncture follows the principles of energy flow as a guide to where the needles will be inserted; in dry needling, needles are inserted directly into a myofascial trigger point, in an attempt to inactivate it, thereby decreasing the associated pain. Dry needling, even though it targets a trigger point, also differs from a trigger point injection, as there is no injection of medication or fluid.
- There is currently no specific CPT code for dry needling. The AMA CPT instructs that the unlisted code 20999 should be used for the dry needling procedure. Because dry needling is not acupuncture, CPT codes 97810-97814 are not appropriate.

FirstCare does not cover prolotherapy. Its billing under the trigger point injection code is a misrepresentation of the actual service rendered.

FirstCare considers ultrasound guidance of trigger point injections experimental and investigational because of insufficient evidence of its effectiveness.

<b>The following procedure codes must be used to submit claims for trigger point injections</b>	
<b>CPT</b>	<b>Description</b>
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscles(s) [no repeats more than every 7 days, up to four sets to diagnose and achieve therapeutic effect, no additional sets if no clinical response, once diagnosed and therapeutic effect achieved, no repeats more than once every two months and beyond 12 months requires clinical review]
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles(s) [no repeats more than every 7 days, up to four sets to diagnose and achieve therapeutic effect, no additional sets if no clinical response, once diagnosed and therapeutic effect achieved, no repeats more than once every two months and beyond 12 months requires clinical review]

<b>ICD-10 Primary Codes that Support Medical Necessity</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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

**ICD-10 Codes that DO NOT Support Medical Necessity**  
All those not listed under the “ICD-10 Codes that Support Medical Necessity” section of this policy.

<b>CPT codes not covered for indications listed</b>	
M0076	Prolotherapy
20999	Unlisted procedure, musculoskeletal system, general [when specified as dry needling]
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)
77021	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-hyphenon-hyphenone contact with patient
97811	Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-hyphenon-hyphenone contact with the patient

**Policy History:**

Status	Date	Action
New	01/01/2019	New policy
Revised	03/25/2019	Effective July 1, 2019, deny trigger point injection when exceeding 3 sessions in 90 day period

**Related Policies and References**

Centers for Medicare & Medicaid Services. (2018). Local Coverage Determination (LCD): Trigger Point Injections (L35010). Retrieved from [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35010&ContrId=334&ver=17&ContrVer=1&CntrctrSelected=334\\*1&Cntrctr=334&s=51&DocType=Active&bc=AggAAAQAAAA&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35010&ContrId=334&ver=17&ContrVer=1&CntrctrSelected=334*1&Cntrctr=334&s=51&DocType=Active&bc=AggAAAQAAAA&)

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