**SERVICE:** Trigger Point Injections

**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**

- Acupuncture 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).
- 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 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.

CODEx: None.

CPT Codes: 20552; 20553

ICD9 codes: 723.1 Cervicalgia
723.9 Unspecified Musculoskeletal Disorders and Symptoms Referable to Neck
724.1 Pain in Thoracic Spine
724.2 Lumbago
726.19 Other Specified Disorders of Bursae and Tendons in Shoulder Region
729.1 Myalgia and Myositis unspecified

CMS: LCD: Trigger Point Injection L33648, effective December 5, 2013.

POLICY HISTORY:

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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.


