

If you wish to save the PDF, please ensure that you change the file extension to .PDF (from .ashx).

Local Coverage Determination (LCD): Trigger Point Injections (L33498)



Contractor Information

Contractor Name

[Noridian Healthcare Solutions, LLC opens in new window](#)

[Back to Top](#)

Contract Number

01182

Contract Type

MAC - Part B

LCD Information

Document Information

LCD ID

L33498

Jurisdiction

California - Southern

LCD Title

Trigger Point Injections

Original Effective Date

For services performed on or after 09/16/2013

AMA CPT/ADA CDT Copyright Statement

CPT only copyright 2002-2013 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

Revision Effective Date

For services performed on or after 11/01/2013

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

Notice Period End Date

N/A

CMS National Coverage Policy Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Myofascial trigger points are "small, circumscribed, hyperirritable foci in muscles and fascia, often found with a firm or taut band of skeletal muscle." (See Item 2 under "Sources of Information and Basis for Decision.") These trigger points produce a referred pain patterned characteristic for that individual muscle. Each pattern becomes a single part of a single muscle syndrome. To successfully treat chronic myofascial pain syndrome (trigger points) each single muscle syndrome needs to be identified along with every perpetuating factor.

The pain of active trigger points can begin as an acute single muscle syndrome resulting from stress overload or injury to the muscle, or can develop slowly because of chronic or repetitive muscle strain. The pain normally refers distal to the specific hypersensitive trigger point. Trigger point injections are used to alleviate this pain.

There is no laboratory or imaging test for establishing the diagnosis of trigger points; it depends therefore upon the detailed history and thorough examination. The following diagnostic criteria are adopted by this A/B MAC from Simons. (See Item 3 under Sources of Information and Basis for Decision.)

Major criteria. All four must be present to establish the diagnosis.

- A. Regional pain complaint
- B. Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point
- C. Taut band palpable in an accessible muscle with exquisite tenderness at one point along the length of it
- D. Some degree of restricted range of motion, when measurable.

Minor criteria. Only one of four needed for the diagnosis.

- A. Reproduction of referred pain pattern by stimulating the trigger point
- B. Altered sensation by pressure on the tender spot
- C. Local response elicited by snapping palpation at the tender spot or by needle insertion into the tender spot
- D. Pain alleviated by stretching or injecting the tender Spot

The goal is to identify and treat the cause of the pain, not just the symptom. After making the diagnosis of myofascial pain syndrome and identifying the trigger point responsible for it, the treatment options are:

1. Medical management, which may include consultation with a specialist in pain medicine
2. Medical management that may include the use of analgesics and adjunctive medications, including anti-depressant medications, shown to be effective in the management of chronic pain conditions.
3. Passive physical therapy modalities, including "stretch and spray" heat and cold therapy, passive range of motion and deep muscle massage.
4. Active physical therapy, including active range of motion, exercise therapy and physical conditioning. Application of low intensity ultrasound directed at the trigger point (this approach is used when the trigger point is otherwise inaccessible).
5. Manipulation therapy.
6. Injection of local anesthetic, with or without corticosteroid, into the muscle trigger points.

- a. as initial or the only therapy when a joint movement is impaired, such as when a muscle cannot be stretched fully or is in fixed position.
- b. as treatment of trigger points that are unresponsive to non-invasive methods of treatment, e.g., exercise, use of medications, stretch and spray.

The CPT codes for trigger point injections use the phrase "muscle group(s)". For the purpose of this policy, this A/B MAC defines "muscle group" as a group of muscles that are contiguous and that share a common function, e.g., flexion, stabilization or extension of a joint. Trigger points that exist in muscles that are widely separated anatomically and that have different functions may be considered to be in separate muscle groups.

To treat established trigger points, after identification of the muscle or muscle group where the trigger point is located and documenting that in the patient's medical record.

Coverage is provided for injections which are medically necessary due to illness or injury and based on symptoms and signs. An injection of a trigger point is considered medically necessary when it is currently causing tenderness and/or weakness, restricting motion and/or causing referred pain when compressed.

Use of injections should be done as part of an overall management (usually short term) plan including one or more of the following:

1. Diagnostic evaluation to clearly identify the primary cause, if possible.
2. Physical and occupational therapy.
3. Psychiatric evaluation and therapy.
4. A trial of oral non-steroid analgesic/anti-inflammatory drugs, if not contraindicated.

Acupuncture is not a covered service, even if provided for treatment of an established trigger point.

Use of acupuncture needles and/or the passage of electrical current through these needles is not a covered service, whether the service is rendered by an acupuncturist or any other provider.

Providers of acupuncture services must inform the beneficiary that their services will not be covered as acupuncture is not a Medicare benefit.

Prolotherapy, the injection into a damaged tissue of an irritant to induce inflammation, is not covered by Medicare. Billing this under the trigger point injection codes is misrepresentation.

"Dry needling" of trigger points is a non-covered procedure since it is considered unproven and investigational.

Screening diagnoses will be denied as routine services.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

[Back to Top](#) 

[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 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-9 Codes that Support Medical Necessity

Group 1 Paragraph: These are the **only** covered ICD-9-CM codes that support medical necessity:

This A/B MAC will assign the following three ICD-9-CM codes to indicate the diagnosis of a trigger point. Claims without one of these diagnoses will always be denied.

Group 1 Codes:

720.1 SPINAL ENTHESOPATHY

726.32 LATERAL EPICONDYLITIS

726.5 ENTHESOPATHY OF HIP REGION

726.71 ACHILLES BURSITIS OR TENDINITIS

726.72 TIBIALIS TENDINITIS
729.0 RHEUMATISM UNSPECIFIED AND FIBROSITIS
729.1 MYALGIA AND MYOSITIS UNSPECIFIED
729.4 FASCIITIS UNSPECIFIED

ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: All ICD-9-CM codes not listed in this policy under ICD-9-CM Codes That Support Medical Necessity above.

N/A

[Back to Top](#) 

General Information

Associated Information

N/A

Sources of Information and Basis for Decision

1. Local Medical Review Policy from Iowa, Aug 1999

2. Manchikanti L, Singh V, Kloth D, et al. Interventional Techniques in the Management of Chronic Pain: Part 2.0. *Pain Physician*. 2001;4(1):24-96

3. Simons DG. Muscular Pain Syndromes. In: JR Friction. Awad EA, JR. eds. *Advances in Pain Research and Therapy*. Lippincott-Raven. Philadelphia. 1990;17:1-41.

4. Travell JG, Simons DG. *Myofascial Pain and Dysfunction, The Trigger Point Manual*. Baltimore. Lippincott Williams & Wilkins. 1983.

5. The following sources of information were cited in the Iowa LMRP:

- Other Carrier Policies (Kansas/Nebraska/Western Missouri, North Dakota, GHI of New York)
- Satterthwaite, Dollison. *Handbook of Pain Management*. Williams and Wilkins. 1994;2 ed.
- Yale University School of Medicine, Department of Pain Management
- Connecticut Society of Anesthesiology
- Local Medical Policy from Nationwide Insurance Company
- Medicare Operations Spine Five: 1980;193-200.
- *Journal of Neurosurgery*. 1975;43:448-51.

[Back to Top](#) 

Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/01/2013	R1	This LCD was revised to reflect the corporate name change from Noridian Administrative Services, LLC to Noridian Healthcare Solutions, LLC that was effective on 05/01/2013.	<ul style="list-style-type: none">• Other (Corporate name change)


[Back to Top](#) 

[Associated Documents](#)

Attachments [Trigger Points Injections opens in new window](#) (PDF - 9 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 11/01/2013 with effective dates 11/01/2013 - N/A [Updated on 06/07/2013 with effective dates 09/16/2013 - N/A](#) [Back to Top](#) 

[Keywords](#)

N/A Read the [LCD Disclaimer opens in new window](#) [Back to Top](#)