Clinical Policy: Trigger Point Injections for Pain Management

Reference Number: LA.CP.MP.169 Coding Implications
Last Review Date: 08/2020 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Trigger points cause pain at their physical location and also referred pain to other areas in a specific pattern. Trigger point injections consist of an injection of a local anesthetic, with or without steroid medication, into a painful portion of the muscle containing the trigger point.

Policy/Criteria
It is the policy of Louisiana Healthcare Connections that invasive pain management procedures performed by a physician are medically necessary when *the relevant criteria are met and the patient receives only one procedure per visit, with or without radiographic guidance.*

I. Trigger point injections are medically necessary for the following indications:

A. *Diagnosis/stabilization* of trigger points with injections of corticosteroids and/or local anesthetics at the trigger point, all of the following:

1. The member has local pain symptoms in the neck, shoulder and/or back that have persisted for more than 3 months causing tenderness and/or weakness, restricting motion and/or causing referred pain when compressed;
2. The member has failed ≥ 3 weeks of conventional multidisciplinary medical therapy including all of the following:
   a. Chiropractic, physical therapy, or prescribed home exercise program or the member is unable to tolerate such therapy and the injection is intended as a bridge to therapy;
   b. NSAID unless contraindicated or not tolerated;
   c. Activity modification;
3. Trigger points have been identified by palpation;
4. Trigger points are located in a *few* discrete areas and are not associated with widespread areas of muscle tenderness (as with fibromyalgia);
5. Injections are not used as sole method of treatment, rather are intended for pain relief to facilitate mobilization to allow non-invasive modalities, e.g., physical therapy and other alternate therapies that address muscle strengthening, flexibility, and functional restoration.

Up to 2 sets of injections at least 7 days apart may be given for diagnosis and stabilization for the same trigger point. When a given body region is injected, it will be considered as one injection service no matter how many injections are given.

B. *Additional trigger point injections (up to 2)*, all of the following:

1. Prior injections resulted in ≥ 50% improvement for ≥ 6 weeks;
2. There was a return of pain and/or deterioration following 6 weeks of improvement;
3. Injections are given in the neck, shoulder, and/or back;

4. Injections are given at least 2 months apart for up to 12 months (maximum of 4 total sessions);
5. Injections are not used as sole method of treatment, but rather are intended for pain relief to facilitate mobilization to allow for non-invasive modalities, e.g., physical therapy and other alternate therapies that address muscle strengthening, flexibility, and functional restoration.

When a given body region is injected, it will be considered as one injection service no matter how many injections are given.

II. *Trigger point therapies* for the following indications are considered not medically necessary, because although there are ongoing studies, there is little scientifically based data that their use results in improved patient outcomes in the medical literature:
A. Dry needle stimulation of trigger points;
B. Trigger point injection with saline or glucose;
C. The use of Botox during trigger point injections.

Background
A trigger point is a discrete, hyperirritative focus found in a palpable taut band occurring in any skeletal muscle and/or muscle fascia on the body that is particularly sensitive to touch and, when compressed, gives rise to characteristic referral pain patterns, tenderness and autonomic phenomena. Trigger points are thought to result from repetitive strain produced by acute or chronic overload or a degenerative and/or inflammatory problem, such as arthritis.

Trigger point injections of local anesthetic and/or steroids are a common intervention for back and neck pain, although evidence is mixed. A Cochrane review of injections for subacute and chronic back pain found no clear advantage of local or trigger point injections with a local anesthetic, with or without a corticosteroid, and control interventions for short-term pain relief across 3 trials.[1-3] Another systematic review found that intramuscular injection of lidocaine more effectively relieved neck pain in the short term than placebo.[4]

A systematic review of trigger point injections with botulinum toxin concluded that a statistically or clinically significant benefit could not be confirmed from the use of botulinum toxin-A used alone for chronic neck pain in the short term.[6] Secondary outcomes such as pain, disability, and quality of life were also investigated without confirmed benefit of botulinum injections.[6]

There is preliminary evidence that dry needling of trigger points is effective for short-term pain relief, and to improve quality of life and range of motion when compared to a placebo, but further studies of high quality and with a standardized needling procedure are needed.[7]

Coding Implications
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CPT codes that support coverage criteria

CPT® Codes	Description
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 muscles

CPT codes that do not support coverage criteria

CPT® Codes	Description
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)
20561	Needle insertion(s) without injection(s); 3 or more muscles

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
M25.511-M25.519	Pain in shoulder
M54.5	Low back pain
M54.9	Dorsalgia, unspecified
M79.12	Myalgia
M79.18	Myalgia, other site

Reviews, Revisions, and Approvals	Date	Approval Date
Converted corporate to local policy.	08/15/2020	

References

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8. Chou R, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med.* 2007;147:478-491.
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10. Han SC, Harrison P. Myofascial pain syndrome and trigger-point management. *Reg Anesth*. 1997 Jan-Feb;22(1):89-101.
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13. Centers for Medicaid and Medicare. Local Coverage Article: Billing and Coding: Pain Management (A52863). Revised 6/24/20.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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