

Policy: MP175

Section: Medical Benefit Policy

Subject: Trigger Point Injections

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Trigger Point Injections

II. Purpose/Objective:

To provide a policy of coverage regarding Trigger Point Injections

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Trigger points are focal, discrete areas of inflammation occurring in skeletal muscle as a response to either acute or chronic muscle strain. The pain produced presents in a pattern characteristic for the specific muscle involved. Trigger point injections involve the administration of local anesthetics, steroids and/or anti-inflammatory drugs.

INDICATIONS:

Trigger point injections are considered medically necessary for the treatment of chronic neck or back pain or myofascial pain, when the following criteria are met:

- The trigger can be identified by the clinical history and palpated on the physical exam as exhibited by local pain symptoms causing tenderness and/or weakness, restricted motion, or causing referred pain when compressed; presence of a taut band on palpation of an accessible muscle with marked tenderness at one point along the length of the muscle; **and**
- The pain is considered to be chronic and has persisted for a minimum of 3 months; **and**
- Documented failure or contraindication to physical therapy or chiropractic care*. There must be documentation of a minimum of 4 weeks of physical therapy or chiropractic care at least 2 times per week for the four weeks (minimum of 8 visits) within one year of the request for injections. The therapy **MUST** be associated with the body area that will be treated with the requested injections. A home exercise program is not an adequate substitute for formal physical therapy or chiropractic care. If the provider indicates the member cannot do physical therapy or chiropractic care due to pain, the provider must submit documentation from an evaluating physical therapist or chiropractor dated within 4 weeks of the request indicating the member cannot tolerate therapy services. Please note that one visit for injection to allow the member to attend therapy is not considered medically necessary. Please also note that completion of less than the minimum number of therapy or chiropractor visits due to non-compliance is not an acceptable alternative to this requirement in the absence of documentation the member was unable to tolerate therapy services; **and**

***Physical therapy /chiropractic requirement not applicable to Medicare and Medicaid business segments**

- Documented failure or contraindication to pharmacologic therapy. There must be documentation of the use of at least two (2) classes of medications from the following list of medication classes must be submitted for review: NSAIDs, opiates, non-opioid analgesics, anti-epileptic medications used for treatment of chronic pain, antidepressant medications used for treatment of chronic pain, ASA or ASA derivatives, muscle relaxants, steroids, such as prednisone or Medrol or documented contraindication to each of these drug classes.

LIMITATIONS:

Authorization is limited to 3 injection sites in one session.

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

Responsiveness to trigger point injections is defined as improvement in pain and functional status by at least 50% or greater for at least 6 weeks. Repeat injections are considered to be medically necessary if there has been at least a 50% or greater documented improvement with previous injections, and a return of symptoms associated with a decrease in functional status has occurred.

EXCLUSIONS:

“Dry needling”, injection with glucose or saline, and/or acupuncture is not included in the services described as trigger point injections. Contract specific limitations and/or exclusions may apply to these services.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:

Any requests for services that do not meet criteria set in the PARP may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Trigger Point Injections

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

20552 Injection(s); single or multiple trigger point(s), one or two muscle(s)

20553 Injection(s); single or multiple trigger point(s), three or more muscle(s)

Medicare Approved ICD10 codes:

M53.82 ,M54.2, M54.59, M54.6 ,M60.80 ,M60.811, M60.812 ,M60.819, M60.821 ,M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M75.80, M75.81, M75.82 , M79.11, M79.12, M79.18, M79.7

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Winifred S. Hayes, Hayes Inc Online, Nerve Blocks for the Treatment of Chronic Nonmalignant Pain. Dec. 6, 2005

Alvarez DJ, Rockwell PG. Trigger Points: Diagnosis and management. American Family Physician Feb 15, 2002;65(4)
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Up to Date. Treatment of Neck Pain www.uptodate.com. Accessed 2/23/06

Van Tulder MW, Koes B, Seitsalo S, Malmivaara A. Outcome of invasive treatment modalities on back pain and sciatica: an evidence based review. European Spine Journal 2006 Jan; 15 Suppl 1:S82-92

Ferrante FM, Bearn L, Rothrock R, King L. Evidence against trigger point injection technique for the treatment of cervicothoracic myofascial pain with botulinum toxin type A. Anesthesiology 2005. 103(2):377-383.

Assessment and management of chronic pain. Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 77 p

ASIPP Practice Guidelines. Interventional Techniques in the Management of Chronic Pain: Part 2.0
Pain Physician 2001;4(1):24-98 <http://www.asipp.org/Guidelines.htm>

Centers for Medicare and Medicaid Services. Novitas Solutions. Trigger Point Injections LCD L35010.

Ahmed, S., Subramaniam, S., Sidhu, K., Khattab, S., Singh, D., Babineau, J., & Kumbhare, D.A. Effect of local anesthetic versus botulinum toxin-A injections for myofascial pain disorders: a systematic review and meta-analysis. The Clinical Journal of Pain, 2019;35 (4), 353-367

UpToDate. Chou R. Subacute and chronic low back pain: Nonsurgical interventional treatment. Updated June 10, 2021.

This policy will be revised as necessary and reviewed no less than annually

Devised: 3/13/06

Revised: 3/14 (Limitation LCD); 2/15 (criteria); 3/15 (Add PA requirement); 9/15; 5/16 (Remove PA), 7/17(revise drug requirement)

Reviewed: 3/07, 3/08, 3/09, 3/10, 3/11, 3/12, 3/13, 10/16, 6/18, 7/19, 7/20, 7/21, 7/22, 7/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.