# Clinical Policy: Trigger Point Injections for Pain Management

Reference Number: LA.CP.MP.169 Coding Implications
Date of Last Revision: 08/24 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 as well as 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**

**I.** 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.*

A. Trigger point injections are **medically necessary** for the following indications:
   1. Diagnosis/stabilization of trigger points with injections of corticosteroids and/or local anesthetics at the trigger point, all of the following:
      a. The member/enrollee has myofascial pain that has persisted for more than three months causing tenderness and/or weakness, restricting motion and/or causing referred pain when compressed;
      b. The member/enrollee has failed ≥ 3 weeks of conventional multidisciplinary medical therapy including all of the following:
         i. Chiropractic, physical therapy, or prescribed home exercise program or the member/enrollee is unable to tolerate such therapy and the injection is intended as a bridge to therapy;
         ii. NSAID, unless contraindicated or not tolerated;
         iii. Activity modification;

B. Trigger points have been identified by palpation;
C. Trigger points are located in a few discrete areas and are not associated with widespread areas of muscle tenderness (as with fibromyalgia);
D. 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 two sets of injections* at least seven 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.

**II.** It is the policy of Louisiana Healthcare Connections that *additional trigger point injections (up to four)* are **medically necessary** when all of the following criteria are met:

A. Prior injections resulted in ≥ 50% pain relief with functional improvement for ≥ 6 weeks;
B. There was a return of pain and/or deterioration following ≥ 6 weeks of improvement;

C. Injections are given at least two months apart for up to 12 months from the initial injection (maximum of six total sessions);
D. 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.

**III.** It is the policy of Louisiana Healthcare Connections that current evidence does not support the use of trigger point therapies for the following indications, because although there are ongoing studies, there is little scientifically based data suggesting 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.[1]

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 three trials.[2,3,4,5,6] The North American Spine Society (NASS) concluded there is insufficient evidence to make a recommendation for or against the use of trigger point injections in the treatment of low back pain and that the type of injectate does not influence outcomes.[7]

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. Secondary outcomes such as pain, disability, and quality of life were also investigated without confirmed benefit of botulinum injections.[8]

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.[5,9]

**Coding Implications**

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from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

**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 |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date | Effective Date |
|---|---|---|---|
| Converted corporate to local policy. | 08/15/20 | | |
| Annual review. Referenced reviewed and updated. Updated criteria II. to replace "not medically necessary" with "current evidence does not support." Changed "review date" in the header to "date of last revision" and "date" in the revision log header to "revision date." Replaced member with member/enrollee. Reviewed by specialist. | 1/2022 | | |
| Annual review. References reviewed, updated, and reformatted. Updated criteria in I.B. from 2 additional injections to 4. In I.B.1 added pain relief with functional improvement, in I.B.2. added "≥" 6 weeks, and in I.B.4 added "from initial injection" and changed maximum of 4 total sessions to 6. Specialist review. | 09/22 | | |
| Annual review completed. Minor rewording with no clinical significance. Background updated. ICD-10 Diagnosis code table removed. References reviewed and updated. Note for non-covered codes added. | 09/23 | 11/27/23 | |
| Annual review. Removed "with or without radiographic guidance" language in Criteria I.A. Criteria I.A.1.a. updated to state "myofascial pain." Removed Criteria II.C. regarding | 08/24 | 10/23/24 | 11/22/24 |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date | Effective Date |
|---|---|---|---|
| location of trigger point injection in the neck, shoulder, and/or back. Background updated with no impact to criteria. References reviewed and updated. Reviewed by internal specialist and external specialist. | | | |

**References**

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**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.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of member/enrollees. This clinical policy is not intended to recommend treatment for member/enrollees. Member/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

 Providers,

member/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, member/enrollees and their representatives agree to be bound by such terms and conditions by providing services to member/enrollees and/or submitting claims for payment for such services.