Select Health

CODING/REIMBURSEMENT POLICY

TRIGGER POINT INJECTIONS

Policy # 98
Implementation Date: 7/12/24
Review Dates:
Revision Dates:

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

A trigger point injection can help soothe myofascial pain, which is usually caused by a "knot" in your muscle (trigger point), especially in your neck, shoulder, arms, legs and lower back. Trigger points are painful "knots" in your muscles that can be very sensitive to touch/pressure. They may form after acute trauma or by repetitive micro-trauma, leading to stress on muscle fibers. It causes the muscle fibers to be stuck in a contracted state.

Trigger point injections commonly involve injections of local anesthetic with or without corticosteroid, botulinum toxin, or without any injection substance (dry needling). A trigger point injection may be beneficial if trigger point pain has not improved with other treatments, including over-the-counter pain medication, heat therapy, massage therapy, myofascial release ad physical therapy.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

A. Select Health considers trigger point injections (TPI) to be medically necessary to treat myofascial pain caused by trigger points when all the following requirements are met:

1. There is a focal area of pain in the skeletal muscle, AND
2. There is clinical evidence of a trigger point defined as pain in a skeletal muscle that is associated with at least 2 of the following findings: the presence of a hyperirritable spot and/or taut band identified by palpation and possible referred pain; AND
3. The physical examination identifies a focal hypersensitive bundle or nodule of muscle fiber harder than normal consistency with or without a local twitch response and referred pain; AND
4. Non-invasive conservative therapy is not successful as first-line treatment or movement of a joint or limb is limited or blocked or the TPI is necessary for diagnostic confirmation.

B. Repeat Trigger Point Injections

Repeat trigger point injections (TPI) into previously injected trigger points will be considered medically necessary to treat myofascial pain syndrome when all the following requirements are met:

1. There is a positive pain response from the most recent TPI defined as providing a consistent minimum of 50% relief of primary (index) pain after the TPI measured by the same pain scale* at baseline and post-injection; AND

2. Consistent pain relief from the most recent previous TPI lasting at least 6 weeks; AND
3. The myofascial pain has reoccurred and is causing objective functional limitations measured by a functional scale obtained at baseline and after TPI which demonstrated at least 50% improvement from the previous TPI.

*NOTE: The scales used to measure pain and/or disability must be documented in the medical record. Acceptable scales include, but are not limited to, verbal rating scales, Numerical Rating Scale (NRS) and Visual Analog Scale (VAS) for pain assessment, and Pain Disability Assessment Scale (PDAS), Oswestry Disability Index (ODI), Oswestry Low Back Pain Disability Questionnaire (OSW), Quebec Back Pain Disability Scale (QUE), Roland Morris Pain Scale, Back Pain Functional Scale (BPFS), and the PROMIS profile domains to assess function.

C. Treatment Limitations: Up to three TPI sessions will be reimbursed per 90 days

D. Additional Requirements:

1. Patients should be part of an ongoing conservative treatment program and documentation to support the patient is actively participating in a rehabilitation program, home exercise program or functional restoration program is in the medical record.
2. Trigger point primary index pain must be measured prior to the injection at the beginning of the session.
3. The post procedure pain level must be measured after the TPI at the conclusion of the session u sing the same scale* utilized at baseline.
4. When documenting the percentage of pain relief from the primary (index) pain compared to the post-injection pain levels, it is insufficient to report only a percentage of pain relief and/or a nonspecific statement of the duration of pain relief. The documentation should include a specific assessment of the duration of relief being consistent or inconsistent with the agent used for the injection and the specific dates the measurements were obtained using the same pain scale* used at baseline.
5. When documenting the ability to perform previously painful movements and activities of daily living (ADLs) it is insufficient to provide a vague or nonspecific statement regarding the improvement of previously painful movements and activities of daily living (ADLs). The documentation should include a functional assessment to show clinically meaningful improvement with painful movements and ADLs, if this metric is used to justify the efficacy of the TPI Provider should use established and measurable goals and objective scales to assess functionality and ADLs measures.

E. Additional Limitations:

1. A TPI involves the use of local anesthetic and does not include injections of biologicals (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates.
2. It is not considered medically necessary to perform TPI into multiple muscle groups in different anatomical regions during the same session.
3. It is not considered medically necessary to perform multiple blocks (ESI, sympathetic blocks, facet blocks, etc.) during the same session as TPI.
4. Trigger point injections for treatment of headache, neck pain or low back pain in absence of actual trigger points, diffuse muscle pain, a chronic pain syndrome, lumbosacral canal stenosis, fibromyalgia, non-malignant multifocal musculoskeletal pain, complex regional pain syndrome, sexual dysfunction/pelvic pain, whiplash, neuropathic pain, and hemiplegic should pain are considered investigational and therefore are not considered medically reasonable and necessary.
5. Use of fluoroscopy or MRI guidance for performance of TPI is not considered reasonable and necessary.
6. The use of ultrasound guidance for the performance of TPI is considered investigational.

7. Trigger point injections used on a routine basis, e.g., on a regular periodic and continuous basis, for patients with chronic non-malignant pain syndromes are not considered medically necessary.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Medicare Advantage will follow the commercial plan policy.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care will follow the commercial plan policy.

Applicable Codes

Codes	Descriptions
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)
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76882	Ultrasound, extremity, nonvascular, real-time with image documentation; limited, anatomic specific

Sources

1. *A Randomized, Controlled, Double Blinded Study of Ultrasound Guided Corticosteroid Joint Injections in Patients with Inflammatory* – Arthritis & Rheumatism – March 10, 2010. http://www3.interscience.wiley.com/journal/123318594/abstract?CRETRY=1&SRETRY=0
2. Centers for Medicare & Medicaid Services. Trigger Point Injections (TPI). L36859. April 1, 2024.
3. Cleveland Clinic. Trigger Point Injections. https://my.clevelandclinic.org/health/treatments/17582-trigger-point-injection
4. *Current Procedural Terminology (CPT®)*, (2017) – American Medical Association
5. Daniels, E. W. et al. (2018) Existing Evidence on Ultrasound-Guided Injections in Sports Medicine. *The Orthopaedic Journal of Sports Medicine*, 6(2), 1-7. doi: 10.1177/2325967118756576
6. *EnCoder Pro* – Ingenix (2017)
7. *Facets Claim System* – SelectHealth (2017)
8. Knee Joint Injections: Watch for Ultrasound Guidance Denials, Highmark Medicare Service, May 28, 2010. http://news.aapc.com/index.php/2010/05/knee-joint-injections-watch-for-ultrasound-guidance-denials/
9. National Correct Coding Initiative (NCCI) (2017)
10. *Query: Plantar Fasciitis and Ultrasound* Guidance, Podiatry Management Online – July 17, 2010. http://www.podiatrym.com/letters2.cfm?id=36509&start=1

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