

Local Coverage Determination (LCD): Trigger Point Injections (L36859)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

[Back to Top](#)

LCD Information

Document Information

LCD ID L36859	Original Effective Date For services performed on or after 05/26/2017
LCD Title Trigger Point Injections	Revision Effective Date For services performed on or after 10/01/2018
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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.² These trigger points produce a referred pain pattern 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.³

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.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

[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 MUSCLES

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

These are the **only** covered ICD-10-CM codes that support medical necessity.

This A/B MAC will assign the following ICD-10-CM codes to indicate the diagnosis of a trigger point. Claims without one of these diagnoses will always be denied.

Group 1 Codes:

ICD-10 Codes

Description

M53.82 Other specified dorsopathies, cervical region

M53.83 Other specified dorsopathies, cervicothoracic region

ICD-10 Codes	Description
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M53.86	Other specified dorsopathies, lumbar region
M53.87	Other specified dorsopathies, lumbosacral region
M53.88	Other specified dorsopathies, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M79.18	Myalgia, other site
M79.7	Fibromyalgia

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All ICD-10-CM codes **not** listed in this policy under ICD-10-CM Codes That Support Medical Necessity above.

Group 1 Codes: N/A

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

It is expected that trigger point injections would not usually be performed more often than three sessions in a three month period. If trigger point injections are performed more than three sessions in a three month period, the reason for repeated performance and the substances injected should be evident in the medical record and available to the Contractor upon request.

This contractor may request records when it is apparent that patients are requiring a significant number of injections to manage their pain.

Sources of Information

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.

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

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

Bibliography

N/A

[Back to Top](#)

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2018	R2	08/30/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Effective 10/1/2018, LCD is revised per the annual ICD-10-CM code update to:	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R1	Add ICD-10-CM codes: M79.18 DATE (08/28/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add ICD-10-CM codes: M53.83; M583.84; M53.85; M53.86; M53.87; M53.88	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

[Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A55473 - Response to Comments: Trigger Point Injections](#) LCD(s) [DL36859](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Keywords

- Trigger
- Point
- Injections
- 20552
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