



CLINICAL GUIDELINES

CMM-202 ~ Trigger Point Injections

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-202~Trigger Point Injections

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CMM-202.1 Definitions

- ✓ **Trigger point injections** are defined as an injection of a local anesthetic with or without the addition of a corticosteroid into clinically identified myofascial trigger points.
- ✓ **Myofascial trigger point** is defined as a discrete, focal, hyperirritable spot found within a taught band of skeletal muscle or its fascia which when provocatively compressed causes local pain or tenderness as well as characteristic referred pain, tenderness and/or autonomic phenomena. Digital palpation, as well as needle insertion into the trigger point, can often lead to a local twitch response. A local twitch response is a transient visible or palpable contraction of the muscle. The presence of characteristic referred pain, tenderness, muscle shortening and/or autonomic phenomena (e.g., vasomotor changes, pilomotor changes, muscle twitches, etc.) is necessary to render the diagnosis of a myofascial trigger point. Tender points within a muscle or its fascia, which do not refer pain, tenderness and/or autonomic phenomena and lack a local twitch response, cannot be considered a myofascial trigger point.

CMM-202.2 General Guidelines

- ✓ The determination of medical necessity for the use of trigger point injections is always made on a case-by-case basis.

CMM-202.3 Indications and Non-Indications

- ✓ Trigger point injections **may be considered medically necessary** when a trigger point has been identified as described above in **CMM-202.1 Definitions**.
- ✓ Trigger point injections are not without risk, and can expose patients to potential complications. Repeat trigger point injections **may be considered medically necessary** when there is at least 50% pain relief for a minimum of six (6) weeks following the injection with documented evidence of functional improvement and adequate instruction or supervision in self-management strategies (i.e., therapeutic exercise, ergonomic advice, ADL training, etc.).
- ✓ Repeat trigger point injections used as an isolated treatment modality **may be considered not medically necessary**.
- ✓ Repeat injections which occur at an interval of less than two (2) months **may be considered not medically necessary**. More than four (4) trigger point injection sessions per body region per year **may be considered not medically necessary**.

- ✓ Trigger point injections performed with any substance other than local anesthetic with or without steroid (e.g., saline or glucose) are not recommended and **may be considered not medically necessary**.

CMM-202.4 Procedure (CPT[®]) Codes

This guideline relates to the CPT [®] code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre-authorization requirements vary by individual payor.	
CPT [®]	Code Description/Definition
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)
This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.	

CMM-202.5 References

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