# 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**

- Trigger point injections are not without risk, and can expose patients to potential complications.

- 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**

- Trigger point injections are considered **medically necessary** when **BOTH** of the following criteria are met:
  - A myofascial trigger point has been identified by the presence of **ONE or MORE** of the following on physical examination:
    - Characteristic referred pain
    - Tenderness
    - Muscle shortening
    - Autonomic phenomena (e.g., vasomotor changes, pilomotor changes, muscle twitches, etc.)
  - Performed using a local anesthetic with or without steroid (e.g., saline or glucose)

- Repeat trigger point injections are considered **medically necessary** when **BOTH** of the following are documented:
  - At least 50% pain relief with evidence of functional improvement for a minimum of six (6) weeks following the prior injection(s)
  - Adequate instruction or supervision in self-management strategies (i.e., therapeutic exercise, ergonomic advice, ADL training, etc.)
CMM-202.4: Non-indications

- Trigger point injections are considered **not medically necessary** for any of the following:
  - When performed with any substance other than local anesthetic with or without steroid (e.g., saline or glucose)
  - When performed on the same day of service as other treatments in the same region
  - When requested for any of the following:
    - Acupuncture
    - Electro-Acupuncture
    - Acupoint injections, aka Biopuncture (saline, sugar, herbs, homeopathic substances)
    - Dry needling
    - Image-guided injection over spinal hardware

- Repeat trigger point injections are considered **not medically necessary** for any of the following:
  - An isolated treatment modality
  - An interval of less than two (2) months
  - More than four (4) trigger point injection sessions per body region per year

CMM-202.5: Procedure (CPT®) Codes

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<tr>
<th>CPT®</th>
<th>Code Description/Definition</th>
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<tr>
<td>20552</td>
<td>Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)</td>
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<tr>
<td>20553</td>
<td>Injection(s); single or multiple trigger point(s), 3 or more muscle(s)</td>
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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.

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-202.6: References


17. Fernandez de las Penas C, Cuadrado M, Gerwin R, Pareja J. Referred pain from the trocchlear region in tension-type headache: a myofascial trigger point from the superior oblique muscle.


90. Simons D, Hong C, Simons L: Endplate potentials are common to midfiber myofascial trigger


100. Workloss Data Institute. Official Disability Guidelines.

