



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. 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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Clinical guidelines for medical necessity review of Comprehensive Musculoskeletal Management Services.

CMM-202: Trigger Point Injections

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Definitions

- **Myofascial Trigger Point:** 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.
 - ◆ **Note:** 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.
- **Trigger point injections:** an injection of a local anesthetic with or without the addition of a corticosteroid into clinically identified myofascial trigger points. Trigger point injections are not without risk, and can expose patients to potential complications.

General Guidelines

Application of Guideline

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

Injectates

- Trigger point injections are **ONLY** permitted with an anesthetic agent (with or without a steroid) and not with other injectates.

Technique

- Only trigger point injection technique is permitted to treat myofascial trigger point pain as described in the **Definitions** section.
 - ◆ Other similar techniques for treating myofascial trigger point pain treatment are not permitted including, but not limited to, the following:
 - Acupuncture
 - Electro-Acupuncture
 - Acupoint injections, aka Biopuncture (saline, sugar, herbals, homeopathic substances)
 - Dry needling
 - Image-guided injection over spinal hardware

Frequency & Number of Injections/Procedures

- Only one invasive modality or procedure will be performed on the same date of service.

- When criteria is met, trigger point injections are only permitted at an interval of two (2) months or more
- When criteria is met, up to four (4) trigger point injection sessions per body region per year are permitted

Indications

Initial Trigger Point Injections

- Trigger point injections are considered **medically necessary** when **ALL** 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

Repeat Trigger Point Injections

- 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)
 - ◆ Performed as part of an adjuvant-care program which includes conservative self-care (i.e., muscle stretching, ADL training, or therapeutic exercise)

Non-Indications

Not Medically Necessary

- Trigger point injections performed without meeting the requirements listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections are considered **not medically necessary**.

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.

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