Medical Coverage Policy

Effective Date.....11/1/2024
Next Review Date.....7/15/2025
Coverage Policy Number..... 0139

Trigger Point Injections

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Acupuncture
Botulinum Therapy

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy

will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses trigger point injections for the diagnosis and treatment of certain pain conditions.

Coverage Policy

Diagnostic/Stabilization Phase
Trigger point injection(s) of anesthetic and/or corticosteroid (CPT codes 20552, 20553) for the diagnosis/stabilization of subacute or chronic back pain, neck pain, or myofascial pain syndrome is considered medically necessary when pain has persisted despite appropriate conservative treatment, including pharmacological therapy, physical therapy, and/or a home exercise program.

A maximum of four injection sessions for diagnosis and stabilization may be performed at minimum intervals of one week when provided to determine whether injections provide therapeutic benefit.

Therapeutic Phase
Therapeutic trigger point injections of anesthetic and/or corticosteroid (CPT codes 20552, 20553) are considered medically necessary when prior diagnostic/stabilization injections resulted in a beneficial clinical response (e.g., improvement in pain, functioning, activity tolerance) and BOTH of the following criteria are met:

- subacute or chronic back pain, neck pain, or myofascial pain syndrome persists
- injections are provided in conjunction with an active treatment program, which may include pain management, physical therapy, and/or a home exercise program

A maximum of six treatment sessions for injection of the same muscle may be performed at a minimum interval of two months, if the preceding therapeutic injection resulted in more than 50% relief for at least six weeks.

More than ten (10) trigger point injections in total provided during a rolling 12 month period is considered not medically necessary.

Ultrasound guidance (CPT code 76942) for trigger point injections is not covered or reimbursable.

Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

General Background

Back pain is a frequent cause of chronic pain and disability, affecting approximately 15% of the U.S. population during their lifetime. Most episodes of low back pain improve substantially within a month without formal medical treatment. In some patients, back pain may be persistent and disabling. Conservative treatment may include medications, such as analgesics, anti-inflammatory drugs and/or muscle relaxants, exercise, spinal manipulation, acupuncture, cognitive-behavioral therapy, and physical therapy. If these measures are unsuccessful, a number of other more invasive treatments may be considered. Treatments that are more invasive can target muscles of the back, degenerated facet or sacroiliac joints, narrowed areas of the spine, and degenerated or herniated intervertebral discs, which may also be a source of pain (Chou et al., 2009).

Trigger Point Injections
Trigger point injection therapy involves the injection of anesthetic or corticosteroids into distinct, focal hyper-irritable spots (i.e., trigger points) located in a tight band of skeletal muscle. Myofascial pain syndrome is a chronic form of muscle pain centered near trigger points. Palpable nodules may be present in the taut band of the muscle which become painful when the tender zone is stimulated. Pain may be perceived at the site of the trigger point or can be referred to other parts of the body, including the back and neck.

Fluoroscopic or computed tomography guidance is performed with other types of injections used to diagnose and treat back and neck pain (e.g., epidural steroid injections, facet joint injections) to identify the surrounding structures and to ensure accurate needle placement to the target area. Guidance has also been performed with trigger point injections. Although there are no standard criteria, a common method of identifying a trigger point is through manual examination using a palpation technique; palpating the band leads to a local twitch response (LTR) where contraction of the muscle fibers in the taut band is observed. The diagnostic reliability of this method however is inconsistent. As a result, use of ultrasound has been investigated to identify the trigger point and to visualize the twitch response resulting from the injection. Particularly for deep muscles, such as the lower back, it has been purported the use of ultrasound is clinically useful to identify the LTR and therefore improve the efficacy of the injection (Rha, et al., 2011). Evidence in the published medical literature evaluating the efficacy of adding ultrasound or other guidance to trigger point injections is limited to primarily pilot studies, case reports, case series, case control studies and literature reviews (Farrow, et al., 2023; Kumbhare, et al., 2016; Shin, et al., 2014; Shankar and Reddy, 2012; Rha, et al., 2011; Sikdar, et al., 2009; Botwin, et al., 2008; Lewis and Tehan, 1999). Sample populations are small and reported clinical outcomes are inconsistent. A majority of comparative trials compare ultrasound guided trigger point injections to other non-trigger point forms of treatment. While some professional societies have published recommended guidelines for trigger point injections, they do not include the use of guidance for the trigger point injection. In the absence of well-designed comparative clinical trials evaluating the efficacy of trigger point injection with and without guidance, strong evidence based conclusions cannot be made. Further clinical validation is necessary to support improved health outcomes with the use of ultrasound guidance for trigger point injections. The application of an electrical stimulus to diagnose muscle pain followed by an injection technique that involves the bony attachment of the muscle as an alternative to palpation and trigger point injection has also been studied, however

well designed, randomized controlled clinical trials with large sample populations are lacking to support clinical efficacy.

An American Society of Interventional Pain Physicians (ASIPP) Practice Guideline, Interventional Techniques in the Management of Chronic Pain, Part 2.0 (Manchikanti et al., 2001) included the following recommendations for trigger point injections:

- In the diagnostic or stabilization phase, a patient may receive trigger point injections at intervals of no sooner than one week and preferably two weeks.
- In the treatment or therapeutic phase (after the stabilization is completed), the frequency should be two months or longer between each injection provided that at least >50% relief is obtained for six weeks.
- In the diagnostic or stabilization phase, the number of trigger point injections should be limited to no more than four times per year.
- In the treatment or therapeutic phase, the trigger point injections should be repeated only as necessary judging by the medical necessity criteria and these should be limited to a maximum of six times for local anesthetic and steroid injections.
- Under unusual circumstances with a recurrent injury or cervicogenic headache trigger point injections may be repeated at intervals of six weeks after stabilization in the treatment phase.

A Cochrane systematic review was conducted to determine if injection therapy is more effective than placebo or other treatments for patients with subacute or chronic low back pain (Staal et al., 2009). This updated review evaluated 18 randomized controlled trials (n=1179) of injection therapy involving epidural, facet or local sites (i.e., tender- and trigger points) in patients with non-radicular pain. The injected drugs included corticosteroids, local anesthetics, and a variety of other drugs. Overall, the results indicated that there was no strong evidence for or against the use of any type of injection therapy. The authors concluded that there is insufficient evidence to support the use of injection therapy in subacute and chronic low back pain, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy.

Guidelines on injection therapies, low-back pain, and lumbar fusion published by the American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (Watters, et al., 2014; Resnick et al., 2005), based on a systematic review of studies evaluating trigger point injections, facet joint injections, and epidural steroid injections, concluded that there is conflicting evidence suggesting that the use of local trigger point injections can be effective for the short-term relief of low-back pain. There are no data to suggest that trigger point injections with either steroids or anesthetics alone provide lasting benefit for patients suffering from chronic low-back pain.

The 2021 American College of Occupational and Environmental Medicine (ACOEM) evidence-based practice guidelines on invasive treatments for low back disorders, state that trigger and/or tender point injections are not recommended for treatment of acute low back pain. These injections may be reasonable as second or tertiary options for subacute or chronic low back pain that is not resolving with conservative treatment (e.g., NSAID, progressive aerobic exercises, and other exercises). The guideline states that injections should consist solely of topical anesthetic (e.g., bupivacaine), or dry needling without an injection. Glucocorticosteroids are not recommended for use in trigger point injections. The ACOEM guideline recommends an interval of at least three to four weeks between injections. If the results are unsatisfactory after the first set, the injections may be repeated. If subjective and objective improvements are not seen, further injections are not recommended (Hegmann, et al., 2021).

In 2020 the North American Spine Society (NASS) published evidence based clinical guidelines for multidisciplinary spine care: Diagnosis and Treatment of Low Back Pain (NASS, 2020). Based on evidence reviewed NASS assigned one of the following levels of recommendation: Grade A (recommended), B (suggested), C (may be considered, is an option), or I (insufficient evidence for or against); the grades of recommendation indicate the strength of the recommendations made in the guideline based on the quality of the literature. According to these guidelines, regarding trigger point injections, there is insufficient evidence to make a recommendation for or against the use of trigger point injections in the treatment of low back pain (Grade of Recommendation: I (based on to level II studies).

Based on the available evidence and specialty society recommendations and guidelines, trigger point injections may be appropriate for selected patients with persistent chronic back, neck or myofascial pain despite appropriate conservative treatment. These injections may provide short-term improvement and allow a determination as to whether conservative treatment will be successful.

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD	National	No Determination found	
LCD	Multiple LCDs	Trigger Point Injections	Varies

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination.)

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
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

Ultrasound Guidance for Trigger Point Injections

Not Covered or Reimbursable when used for guidance with trigger point injections:

CPT®* Codes	Description
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

References

1. American Society of Anesthesiologists Task Force on Chronic Pain Management, American Society of Regional Anesthesia and Pain Medicine. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. Anesthesiology. 2010 Apr;112(4):810-33.

2. Botwin KP, Sharma K, Saliba R, Patel BC. Ultrasound-guided trigger point injections in the cervicothoracic musculature: a new and unreported technique. Pain Physician. 2008 Nov-Dec;11(6):885-9.

3. Bubnov RV, Wang J. Clinical Comparative Study for Ultrasound-Guided Trigger-Point Needling for Myofascial Pain Medical Acupuncture. Dec 2013: 437-443.

4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCDs) alphabetical index. Accessed Jun 5, 2024. Available at URL address: https://www.cms.gov/medicare-coverage-database/reports/local-coverage-proposed-lcds-alphabetical-report.aspx?proposedStatus=A&sortBy=title

5. Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) alphabetical index. Accessed Jun 5, 2024. Available at URL address: https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title

6. Chou R, Atlas SJ, Stanos SP, Rosenquist RW. Nonsurgical interventional therapies for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Spine. 2009 May 1;34(10):1078-93.

7. Chou R, Loeser JD, Owens DK, Rosenquist RW, Atlas SJ, Baisden J, et al. for the American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain. Spine. 2009 14(10): 1066-1077.

8. Cojocaru MC, Cojocaru IM, Voiculescu VM, Cojan-Carlea NA, Dumitru VL, Berteanu M. Trigger points--ultrasound and thermal findings. J Med Life. 2015 Jul-Sep;8(3):315-8.

9. Farrow RA 2nd, Newberry M, Zitek T, Farrow J, Mechanic OJ, Rosselli M. Ultrasound-Guided Trigger Point Injections for the Treatment of Neck and Back Pain in the Emergency Department: A Randomized Trial. J Ultrasound Med. 2023 May;42(5):1023-1032.

10. Gupta L, Singh SP. Ultrasound-Guided Trigger Point Injection for Myofascial Trigger Points in the Subscapularis and Pectoralis Muscles. Yonsei Med J. 2016 Mar;57(2):538.

11. Hegmann KT, Travis R, Andersson GBJ, Belcourt RM, Carragee EJ, Eskay-Auerbach M, Galper J, Goertz M, Haldeman S, Hooper PD, Lessenger JE, Mayer T, Mueller KL, Murphy DR, Tellin WG, Thiese MS, Weiss MS, Harris JS. Invasive Treatments for Low Back Disorders. J Occup Environ Med. 2021 Apr 1;63(4):e215-e241.

12. Kumbhare DA, Elzibak AH, Noseworthy MD. Assessment of Myofascial Trigger Points Using Ultrasound. Am J Phys Med Rehabil. 2016 Jan;95(1):72-80.

13. Lewis J, Tehan P. A blinded pilot study investigating the use of diagnostic ultrasound for detecting active myofascial trigger points. Pain. 1999 Jan;79(1):39-44.

14. Manchikanti L, Abdi S, Atluri S, Benyamin RM, Boswell MV, Buenaventura RM, et al. An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Pain Physician. 2013 Apr;16(2 Suppl):S49-283.

15. Manchikanti L, Singh V, Kloth D, Slipman CW, Jasper JF, Trescot AM, et al. Interventional techniques in the management of chronic pain: part 2.0. ASIPP Practice Guidelines. Pain Physician. 2001 4(1):24-98.

16. North American Spine Society (NASS). Clinical Guidelines. Evidence based clinical guidelines for multidisciplinary spine care. Diagnosis. Diagnosis and Treatment of Low Back Pain. 2020. Accessed Jun 4, 2024. Available at URL address: https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf

17. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, et al. American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. J Neurosurg Spine. 2005 Jun;2(6):707-15.

18. Rha DW, Shin JC, Kim YK, Jung JH, Kim YU, Lee SC. Detecting local twitch responses of myofascial trigger points in the lower-back muscles using ultrasonography. Arch Phys Med Rehabil. 2011 Oct;92(10):1576-1580.e1.

19. Sayed D, Grider J, Strand N, et al. The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain. J Pain Res. 2022 Dec 6;15:3729-3832.

20. Shankar H, Reddy S. Two- and three-dimensional ultrasound imaging to facilitate detection and targeting of taut bands in myofascial pain syndrome. Pain Med. 2012 Jul;13(7):971-5.

21. Shin HJ, Shin JC, Kim WS, Chang WH, Lee SC. Yonsei Med J. Application of ultrasound-guided trigger point injection for myofascial trigger points in the subscapularis and pectoralis muscles to post-mastectomy patients: a pilot study. 2014 May;55(3):792-9.

22. Sikdar S, Shah JP, Gebreab T, Yen RH, Gilliams E, Danoff J, Gerber LH. Novel applications of ultrasound technology to visualize and characterize myofascial trigger points and surrounding soft tissue. Arch Phys Med Rehabil. 2009 Nov;90(11):1829-38.

23. Staal JB, de Bie RA, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. Spine (Phila Pa 1976). 2009 Jan 1;34(1):49-59.

24. Suh MR, Chang WH, Choi HS, Lee SC. Ultrasound-guided myofascial trigger point injection into brachialis muscle for rotator cuff disease patients with upper arm pain: a pilot study. Ann Rehabil Med. 2014 Oct;38(5):673-81.

25. Watters WC 3rd, Resnick DK, Eck JC, Ghogawala Z, Mummaneni PV, Dailey AT, Choudhri TF, Sharan A, Groff MW, Wang JC, Dhall SS, Kaiser MG. Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. J Neurosurg Spine. 2014 Jul;21(1):79-90.

26. Wong CS, Wong SH. A new look at trigger point injections. Anesthesiol Res Pract. 2012;2012:492452.

Revision Details

Type of Revision	Summary of Changes	Date
Focused review	• Removed policy statements for intradiscal injections, thermal intradiscal procedures, percutaneous laminectomy and decompression spinal procedures, annular repair devices, intraosseous basivertebral nerve ablation (Intracept®), and vertebral body tethering. • Title change.	11/1/2024
Annual review	• Added policy statement for total trigger point injections in a rolling 12-month period. • Added policy statement for ultrasound for trigger point injections.	10/15/2024
Focused review	• Revised policy statement for basivertebral nerve ablation. • Added not medically necessary statement for basivertebral nerve stimulation.	11/15/2023