1. **Purpose**
   The purpose of this policy is to establish criteria for the medical necessity of trigger point injections.

2. **Definitions**
   2.1. 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.

   2.2. 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.

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

   3.2. Trigger point injections may be considered medically necessary when a trigger point has been identified as described above.

   3.3. 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.).

   3.4. Repeat trigger point injections used as an isolated treatment modality may be considered not medically necessary.
3.5. 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.

3.6. 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.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding trigger point injections and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


<table>
<thead>
<tr>
<th>Title/Subject:</th>
<th>TMMP 202 - TRIGGER POINT INJECTIONS</th>
</tr>
</thead>
</table>


4.2. Related Triad Medical Policies:
• TMMP 18 – Medical Necessity

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20552</td>
<td>Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)</td>
</tr>
<tr>
<td>20553</td>
<td>Injection(s); single or multiple trigger point(s), 3 or more muscle(s)</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>06/10/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Formatting changes.</td>
</tr>
<tr>
<td>08/06/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes to policy text.</td>
</tr>
<tr>
<td>07/21/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Removed §5. Attachments and §5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
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<tr>
<td>08/16/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review.</td>
</tr>
<tr>
<td>09/24/2009</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>11/12/2008</td>
<td>Level 1, 2, 3</td>
<td>New policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are
applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.