

<https://www.novitas-solutions.com/policy/mac-ab/l27540-r8.html>

LCD L27540 - Trigger Point Injections

Contractor Information

Contractor Name:

Novitas Solutions, Inc.

Contractor Number(s):

12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502, 12901

Contractor Type:

MAC Part A & B

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LCD Information

Document Information

LCD ID Number

L27540

LCD Title

Trigger Point Injections

Contractor's Determination Number

L27540

AMA CPT/ADA CDT Copyright Statement

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Primary Geographic Jurisdiction

Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware

Oversight Region

Central Office

Original Determination Effective Date

For services performed on or after 07/11/2008

Original Determination Ending Date

N/A

Revision Effective Date

For services performed on or after 04/02/2012

Revision Ending Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

CMS Online Manual Pub. 100-3, Chapter 1, Section 30.3 is specific to the non-coverage of acupuncture.

CMS Online Manual Pub. 100-3, Chapter 1, Section 150.7 is specific to the non-coverage of prolotherapy, joint sclerotherapy, and ligamentous injections with sclerosing agents.

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Trigger point injection is one of many modalities utilized in the management of chronic pain. Myofascial trigger points are self-sustaining hyperirritative foci that may occur in any skeletal muscle in response to strain produced by acute or chronic overload. These trigger points produce a referred pain pattern characteristic for that individual muscle. Each pattern becomes part of a single muscle myofascial pain syndrome (MPS) and each of these single muscle syndromes is responsive to appropriate treatment, which includes injection therapy. Injection is achieved with needle insertion and the administration of agents, such as local anesthetics, steroids and/or local inflammatory drugs.

The diagnosis of trigger points requires a detailed history and thorough physical examination. The following clinical symptoms may be present when making the diagnosis:

History of onset of the painful condition and its presumed cause (e.g., injury or sprain)

Distribution pattern of pain consistent with the referral pattern of trigger points

Range of motion restriction

Muscular deconditioning in the affected area

Focal tenderness of a trigger point

Palpable taut band of muscle in which trigger point is located

Local taut response to snapping palpation

Reproduction of referred pain pattern upon stimulation of trigger point

The goal is to treat the cause of the pain and not just the symptom of pain.

Indications

After myofascial pain syndrome (MPS) is established, trigger point injection may be indicated when noninvasive medical management is unsuccessful (e.g., analgesics, passive physical therapy, ultrasound, range of motion and active exercises); as a bridging therapy to relieve pain while other treatments are also initiated, such as medication or physical therapy; or as a single therapeutic maneuver. The logic behind such therapeutic decision making should be obvious in the medical record and available upon Contractor request. Additionally, trigger point injection is indicated when joint movement is mechanically blocked as is the case of the coccygeus muscle.

Limitations

Acupuncture is not a covered service, even if provided for the treatment of an established trigger point. Use of acupuncture needles and/or the passage of electrical current through these needles is not covered (whether an acupuncturist or other provider renders the service).

Medicare does not cover Prolotherapy. Its billing under the trigger point injection code is a misrepresentation of the actual service rendered.

Only one code from 20552 or 20553 should be reported on any particular day, no matter how many sites or regions are injected.

When a given site is injected, it will be considered one injection service, regardless of the number of injections administered.

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Coding Information

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x

Hospital Inpatient (Including Medicare Part A)

012x

Hospital Inpatient (Medicare Part B only)

013x

Hospital Outpatient

083x

Ambulatory Surgery Center

085x

Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

045X

Emergency Room - General Classification

049X

Ambulatory Surgical Care - General Classification

051X

Clinic - General Classification

076X

Specialty Services - General Classification

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

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)

M0076

PROLOTHERAPY

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

723.1

CERVICALGIA

723.9

UNSPECIFIED MUSCULOSKELETAL DISORDERS AND SYMPTOMS REFERABLE TO NECK

724.1

PAIN IN THORACIC SPINE

724.2

LUMBAGO

726.19

OTHER SPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION

729.1

MYALGIA AND MYOSITIS UNSPECIFIED

Diagnoses that Support Medical Necessity

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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Other Information

Documentation Requirements

All documentation must be maintained in the patient's medical record and available to the contractor upon request.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.

The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

For the treatment of established trigger points, the patient's medical record must have:

Documentation of the evaluation/ process of arriving at the diagnosis of the trigger point in an individual muscle should be clearly documented in the patient's medical record

The reason for the trigger point injection, and whether it is being used as an initial or subsequent treatment for myofascial pain, as well as the appropriate diagnosis code should be documented.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

It is expected that trigger point injections would not usually be performed more often than three sessions in a three month period. If trigger point injections are performed more than three sessions in a three month period, the reason for repeated performance and the substances injected should be evident in the medical record and available to the Contractor upon request.

This contractor may request records when it is apparent that patients are requiring a significant number of injections to manage their pain.

Documentation in the medical record must support the medical necessity and frequency of the trigger point injection(s).

Sources of Information and Basis for Decision

Contractor is not responsible for the continued viability of websites listed.

Borg-Stein J, Stein J. Trigger Points and Tender Points: One and the Same? Does Injection Treatment Help? *Rheum Dis Clin North Am* 1996 May; 22(2):305-22.

Ferrante FM, Kaufman AG, Dunbar SA et al. Sphenopalatine Ganglion Block For The Treatment Of Myofascial Pain Of The Head, Neck, and Shoulders: *Reg Anesth Pain Med* 1998 Jan-Feb; 23(1):30-6.

Hameroff SR, Crago BR, Blitt CD, et al. Comparison of Bupivacaine, Etidocaine, and Saline for Trigger-Point Therapy: *Anesth Analg* 1981 Oct; 60(10):752-5.

Hans SC, Harrison P. Myofascial Pain Syndrome and Trigger-Point Management. *Reg Anesth* 1997 Jan-Feb; 22(1):89-101.

Harden RN, Bruehl SP, Gass S, et al. Signs and Symptoms of the Myofascial Pain Syndrome; A National Survey of Pain Management Providers: *Clin J Pain* 2000 Mar; 16(1):64-72.

Hong CZ, Hsueh TC. Difference in Pain Relief after Trigger Point Injections in Myofascial Pain Patients with and Without Fibromyalgia: *Arch Phys Med Rehabil* 1996 Nov; 77(11):1161-6.

Hong CZ.; Lidocaine Injection Versus Dry Needling To Myofascial Trigger Point. The Importance of the Local Twitch Response: *Am J Phys Med Rehabil* 1994 Jul-Aug; 73(4):256-63.

Hopwood MB, Abram SE. Factors Associated With Failure Of Trigger Point Injections. *Clin J Pain* 1994 Sep; 10(3):227-34

Pongratz DE, Sievers M. Fibromyalgia-Symptom or Diagnosis: A Definition Of The Position. *Scand J Rheumatol Suppl*; 200;113:3-7.

Sist T, Miner M, Lema M. Characteristics Of Postradical Neck Pain Syndrome: A Report Of 25 Cases. *J Pain Symptom Manage* 1999 Aug;18(2):95-102

Wittenberg RH, Steffen R, Ludwig J.; Injection Treatment Of Non-Radicular Lumbalgia: *Orthopade* 1997 Jun; 26(6):544-52.

Wolfe F, Simons DG, Fricton J, et al. The Fibromyalgia And Myofascial Pain Syndromes: A Preliminary Study Of Tender Points And Trigger Points In Persons With Fibromyalgia, Myofascial Pain Syndrome And No Disease: *J Rheumatol* 1992 Jun; 19(6):944-51.

Wyant GM. Chronic Pain Syndromes and Their Treatment. II Trigger Points: Can Anaesth Soc J 1979 May; 26(3):216-9.

Other Contractor's Policies

Novitas Solutions Contractor Medical Directors

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Directors. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

CAC/IAC Distribution: 04/01/2008

Start Date of Comment Period

04/01/2008

End Date of Comment Period:

05/15/2008

Start Date of Notice Period

05/23/2008

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Revision History

Revision History Number

L27540

Revision History Explanation

Date	Policy #	Description
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04/02/2012		
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L27540		
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LCD revised to reflect contractor name change from Highmark Medicare Services to Novitas Solutions, Inc.

02/21/2011

L27540

Per Change Request 7135, this LCD is effective for dates of service on and after 02/21/2011 for those providers in the states of Delaware, Maryland, New Jersey, Pennsylvania and the District of Columbia serviced by Wisconsin Physicians Service (WPS), contractor number 52280, that are being transitioned to Highmark Medicare Services, contractor number 12901, effective 02/21/2011.

09/08/2010

L27540

LCD revised effective 09/09/2010. The descriptions have changed for the following bill type codes: 11, 12, 13, 83, and 85 with an effective date of 07/01/2010. The descriptions have changed for the following revenue codes: 0450, 0451, 0452, 0456, 0459, 0490, 0499, 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0760, 0761, 0762, and 0769 with an effective date of 07/01/2010. Some or all of these changes may be in code ranges. Sources of Information and Basis for Decision section reordered and formatted for clarification.

10/08/2009

L27540

LCD revised effective 10/09/2009. Revenue code 076X descriptor updated with an effective date of 08/10/2009.

12/12/2008

L27540

LCD effective 12/12/2008 for Pennsylvania Part B. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Part B; Maryland Part A and Part B; New Jersey Part A and Part B; Pennsylvania Part A and Part B. The following CPT/HCPCS code changes will be effective 01/01/2009: Code description changes: 20552, 20553.

11/14/2008

L27540

LCD effective 11/14/2008 for New Jersey Part B and Delaware Part A. LCD is now effective for DC Part A and DCMA Part B; Delaware Part A and Delaware Part B; Maryland Part A and Maryland Part B; New Jersey Part A and New Jersey Part B; Pennsylvania Part A.

08/29/2008

L27540

LCD effective 09/01/2008 for New Jersey Part A. Effective 09/01/2008, New Jersey Part A will be added to the other jurisdictions already effective: DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

08/01/2008

L27540

LCD effective 08/01/2008 for DC Part A, Maryland Part A, and Pennsylvania Part A. LCD is now effective for DC Part A and DCMA Part B; Maryland Part A and Maryland Part B; Pennsylvania Part A; and Delaware Part B.

05/23/2008

L27540

Original LCD posted for notice. LCD to become effective 07/11/2008 for Maryland Part B, DCMA Part B and Delaware Part B.

04/01/2008

Draft J12-D53

Original LCD posted for comment.

Reason for Change

Other

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.