FUTURE Local Coverage Determination (LCD): Trigger Point Injections (L35010)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Please note: Future Effective Date.

Contractor Information

Contractor Name	Contract Number	Contract Type	Jurisdiction
Novitas Solutions, Inc.	04412	A and B MAC	J - H

Back to Top

LCD Information

Document Information

LCD ID
L35010

Original ICD-9 LCD ID
L27540

LCD Title
Trigger Point Injections

Jurisdiction
Texas

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End 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.

Coverage Guidance
Coverage Indications, Limitations, 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.

Back to Top

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
Group 1 Paragraph: Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

NOTE: M0076 is NON-Covered by Medicare

Group 1 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-10 Codes that Support Medical Necessity
Group 1 Paragraph: It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Covered for 20552 and 20553:

Group 1 Codes:

ICD-10 Codes	Description
M53.82	Other specified dorsopathies, cervical region
M54.2	Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M60.80	Other myositis, unspecified site
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.829	Other myositis, unspecified upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.839	Other myositis, unspecified forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.849	Other myositis, unspecified hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.879	Other myositis, unspecified ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M75.80	Other shoulder lesions, unspecified shoulder
M75.81	Other shoulder lesions, right shoulder
M75.82	Other shoulder lesions, left shoulder
M79.1	Myalgia
M79.7	Fibromyalgia

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information

Back to Top

General Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. 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.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. 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.

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 Policies

Contractor Medical Directors

Original JH ICD-9 Source LCD L33648, Trigger Point Injections
Back to Top

Revision History Information

N/A Back to Top

Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 04/02/2014 with effective dates 10/01/2015 - N/A Back to Top

Keywords

N/A Read the **LCD Disclaimer** Back to Top