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

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Please note: Future Effective Date.

Contractor Information

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

LCD Information

Document Information

L35010

Original ICD-9 LCD ID: L27540

LCD Title
Trigger Point Injections

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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.

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 PROLOOTHERAPY
### 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:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>M53.82</td>
<td>Other specified dorsopathies, cervical region</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M54.5</td>
<td>Low back pain</td>
</tr>
<tr>
<td>M54.6</td>
<td>Pain in thoracic spine</td>
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<tr>
<td>M60.80</td>
<td>Other myositis, unspecified site</td>
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<tr>
<td>M60.811</td>
<td>Other myositis, right shoulder</td>
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<tr>
<td>M60.812</td>
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<td>M60.819</td>
<td>Other myositis, unspecified shoulder</td>
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<td>M60.821</td>
<td>Other myositis, right upper arm</td>
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<td>Other myositis, unspecified upper arm</td>
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<td>M60.842</td>
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<td>M60.849</td>
<td>Other myositis, unspecified hand</td>
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<td>M60.851</td>
<td>Other myositis, right thigh</td>
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<td>M60.852</td>
<td>Other myositis, left thigh</td>
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<tr>
<td>M60.859</td>
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<td>M60.861</td>
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<td>M60.862</td>
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<td>M60.869</td>
<td>Other myositis, unspecified lower leg</td>
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<td>Other myositis, right ankle and foot</td>
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<td>M60.872</td>
<td>Other myositis, left ankle and foot</td>
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<td>M60.879</td>
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<td>M60.88</td>
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<td>M60.89</td>
<td>Other myositis, multiple sites</td>
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<td>Myositis, unspecified</td>
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<td>M75.80</td>
<td>Other shoulder lesions, unspecified shoulder</td>
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<td>Other shoulder lesions, right shoulder</td>
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<tr>
<td>M79.1</td>
<td>Myalgia</td>
</tr>
<tr>
<td>M79.7</td>
<td>Fibromyalgia</td>
</tr>
</tbody>
</table>

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

ICD-10 Additional Information

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**General Information**
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.*


Other Contractor Policies

Contractor Medical Directors

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

**Revision History Information**

N/A

**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

**Keywords**

N/A Read the **LCD Disclaimer**