



MEDICAL COVERAGE POLICY

SERVICE: Trigger Point Injection

Policy Number: 081

Effective Date: 06/01/2024

Last Review: 05/12/2025

Next Review: 05/12/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Trigger Point Injection

PRIOR AUTHORIZATION: Not required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details. Not all plans cover this therapy.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider trigger point injection(s) medically necessary, once Myofascial Pain Syndrome is established **AND** trigger points are identified, for the following:

- A trial of non-invasive medical management where symptoms have persisted despite three months of unsuccessful conservative treatment including but not limited to physical therapy, analgesics, exercise programs, ultrasound, OR
- As bridging therapy to medical management when trigger point injections are part of an overall treatment plan, OR
- When medical management is contraindicated or not appropriate

Limitations

- Only one trigger point procedure can be reported on any particular day, no matter how many sites or regions are injected.
- Trigger point injections are not performed more often than three sessions in a three-month period.

Exclusions

- Repeat therapeutic trigger point injections in the absence of clinical improvement in pain and function after the first diagnostic injections.
- Trigger point injections when performed with any substance other than local anesthetic with or



MEDICAL COVERAGE POLICY

SERVICE: Trigger Point Injection

Policy Number: 081

Effective Date: 06/01/2024

Last Review: 05/12/2025

Next Review: 05/12/2026

without steroid (e.g., saline or glucose)

- Trigger point injections performed on the same day of service as other treatments in the same region

BACKGROUND:

Trigger point injections (TPI) are injections of a local anesthetic, with or without a steroid medication, into a painful area of a muscle that has the trigger point. The purpose of a TPI is to relax the area of intense muscle spasm, effectively inactivate the trigger point, and offer prompt symptomatic pain relief. TPI is the most common interventional technique used in pain medicine.

Myofascial trigger point is defined as a discrete, focal, hyperirritable spot found within a taut 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 make 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.

MANDATES: None

CODES:

Important note:

Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language

CPT Codes	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscles(s) 20553 - Injection(s); single or multiple trigger point(s), 3 or more muscles(s)
CPT Not Covered	
ICD10 codes	M53.82 - Other specified dorsopathies, cervical region M54.2 - Cervicalgia M54.59 - Other 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



MEDICAL COVERAGE POLICY

SERVICE: Trigger Point Injection

Policy Number: 081

Effective Date: 06/01/2024

Last Review: 05/12/2025

Next Review: 05/12/2026

	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 M79.11 - Myalgia of mastication muscle M79.12 - Myalgia of auxiliary muscles, head and neck M79.18 - Myalgia, other site M79.7 - Fibromyalgia
ICD10 Not covered	

POLICY HISTORY:

Status	Date	Action
New	12/6/2010	New policy
Reviewed	12/6/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	10/24/2013	New LCD included
Reviewed	08/21/2014	No changes.
Reviewed	09/24/2015	ICD-10 codes added
Reviewed	09/29/2016	No significant changes
Reviewed	08/29/2017	Minor updates
Reviewed	07/17/2018	No significant changes
Reviewed	10/17/2019	Aligned criteria with LCD
Retired	01/01/2021	Policy retired
Un-retired	05/26/2022	Policy un-retired to support claim edits



MEDICAL COVERAGE POLICY

SERVICE: Trigger Point Injection

Policy Number: 081

Effective Date: 06/01/2024

Last Review: 05/12/2025

Next Review: 05/12/2026

Reviewed	12/29/2023	Formatting changes, added hyperlinks to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes
Reviewed	05/13/2024	No changes
Reviewed	05/12/2025	No changes
Updated	08/11/2025	Removed, "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it 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 BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Novitas Solutions, Inc. Article - Billing and Coding: Trigger Point Injections (A57751)

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.