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## **Trigger Point Injections**

**Policy Number: HS-184**

**Original Effective Date: 7/1/2010**

**Revised Date(s): 8/2/2011**

### **DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

### **APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## **BACKGROUND**

Trigger points are discrete, focal, hyperirritable spots located in a taut band of skeletal muscle. They produce pain locally and in a referred pattern and often accompany chronic musculoskeletal disorders. Acute trauma or repetitive microtrauma may lead to the development of stress on muscle fibers and the formation of trigger points. Members may have regional, persistent pain resulting in a decreased range of motion in the affected muscles. These include muscles used to maintain body posture, such as those in the neck, shoulders, and pelvic girdle. Trigger points may also manifest as tension headache, tinnitus, temporomandibular joint pain, decreased range of motion in the legs, and low back pain. Palpation of a hypersensitive bundle or nodule of muscle fiber of harder than normal consistency is the physical finding typically associated with a trigger point. Palpation of the trigger point will elicit pain directly over the affected area and/or cause radiation of pain toward a zone of reference and a local twitch response. Trigger-point injection has been shown to be one of the most effective treatment modalities to inactivate trigger points and provide prompt relief of symptoms.

## **TRIGGER POINT INJECTION SCHEDULE**

The following schedule for trigger point injections **is considered medically necessary** when the above criteria are met:

- In the diagnostic or stabilization phase, patients may receive injections at intervals of no sooner than one week and preferably two weeks. The number of trigger point injections should be limited to no more than four times per year for the diagnostic or stabilization phase.
- In the treatment or therapeutic phase, trigger point injections should continue only if the previous diagnostic injections provided pain relief and the frequency should be two months or longer between each injection. The previous injections should have provided at least >50% relief of pain for a period of at least six weeks. The injections should be repeated only as necessary based on the medical necessity criteria (see above) and these should be limited to maximum of six times for local anesthetic and steroid injections

Under unusual circumstances such as a recurrent injury or cervicogenic headache, trigger point injections may be repeated at intervals of six weeks after stabilization in the treatment phase.

## **POSITION STATEMENT**

### **TRIGGER POINT INJECTIONS FOR MYOFASCIAL PAIN**

Trigger point injections with a local anesthetic with or without steroid **are considered medically necessary** for the treatment of myofascial pain when ALL of the following criteria from Set A AND B are met:

#### **SET A (General Criteria)**

- There is a regional pain complaint; **AND,**
- A neurological/orthopedic/musculoskeletal system evaluation which includes the member's description of pain as it relates to location, quality, severity, duration/timing, context, and modifying factors, followed by a physical examination of associated signs and symptoms; **AND,**
- Conservative therapy (e.g., physical/chiropractic therapy, oral analgesia/steroids/relaxants, activity modification) fails or is not feasible; **AND,**
- When necessary to facilitate mobilization and return to activities of daily living, an aggressive regimen of physical therapy or other therapeutic modalities; **AND,**
- The member's response to therapy must be documented for medical review prior to additional therapy authorizations.

### SET B (Specific Criteria)

- Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point; **AND**,
- Taut band palpable in an accessible muscle when the trigger point is myofascial; **AND**,
- Exquisite spot tenderness at one point along the length of the taut band when the pain is myofascial; **AND**,
- Some degree of restricted range of motion of the involved muscle or joint, when measurable; **AND**,
- The above specific criteria are associated with **at least ONE** of the following:
  - Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot; **OR**,
  - Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot; **OR**,
  - Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot.

### TRIGGER POINT INJECTIONS FOR FIBROMYALGIA

Trigger point injections with a local anesthetic with or without steroid **are considered medically necessary** for the treatment of pain associated with fibromyalgia when:

- History of widespread pain for at least 3 months. To be considered wide spread, the pain must be present on both right and left sides, and both above and below the waist. In addition axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) must be present. In this definition, shoulder and buttock pain is considered as pain for each involved side. "Low back pain" is considered lower segment pain; **AND**,
- Pain, on digital palpation, must be present in at least 11 of the following 18 sites:
  - Occiput: Bilateral, at the suboccipital muscle insertions;
  - Low cervical: bilateral, at the anterior aspects of the intertransverse spaces at C5-C7;
  - Trapezius: bilateral, at the midpoint of the upper border;
  - Supraspinatus: bilateral, at origins, above the scapula spine near the medial border;
  - Second rib: bilateral, at the second costochondral junctions, just lateral to the junctions on upper surfaces;
  - Lateral epicondyle: bilateral, 2 cm distal to the epicondyles;
  - Gluteal: bilateral, in upper outer quadrants of buttocks in anterior fold of muscle;
  - Greater trochanter: bilateral, posterior to the trochanteric prominence;
  - Knee: bilateral, at the medial fat pad proximal to the joint line.

### NOT MEDICALLY NECESSARY

Trigger point injections **are considered not medically necessary** in the presence of:

- Systemic infections; **OR**,
- Bleeding tendencies; (including patients undergoing anticoagulation therapy); **OR**,
- Other concomitant unstable medical conditions.

"Dry needling" trigger point stimulation **is considered not medically necessary**.

### CODING

#### CPT®\* Codes

**20552** Injection(s); single or multiple trigger point(s), one or two muscle(s)

**20553** Injection(s); single or multiple trigger point(s), three or more muscle(s)

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### ICD-9-CM Procedure Codes

**83.98** Injection of locally-acting therapeutic substance into other soft tissue

**HCPCS®\*Code** - No applicable code

**ICD-9-CM Diagnosis Code** – This list may not be all inclusive

- 720.1** Spinal Enthesopathy
- 723.9** Unspecified Musculoskeletal Disorders and Symptoms Referable to Neck
- 726.19** Other specified disorders of bursae and tendons in Shoulder Region
- 726.39** Other Enthesopathy of Elbow Region
- 726.5** Enthesopathy of Hip Region
- 726.71** Achilles Bursitis or Tendinitis
- 726.72** Tibialis Tendinitis
- 726.79** Other Enthesopathy of Ankle and Tarsus
- 726.90** Enthesopathy of Unspecified Site
- 729.0** Rheumatism Unspecified and Fibrositis
- 729.1** Myalgia and Myositis Unspecified
- 729.4** Fasciitis Unspecified

\*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.

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#### Government Agencies, Professional and Medical Organizations

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2. Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain, 3rd ed. Bloomington, MN: Institute for Clinical Systems Improvement (ICSI); 2008 Jul. Accessed Jun 8, 2009.

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**HISTORY AND REVISIONS**

Date	Action
12/1/2011	• New template design approved by MPC.
8/2/2011	• Approved by MPC. No changes.