COMMON GROUND
HEALTHCARE COOPERATIVE

MEDICAL POLICY STATEMENT
Wisconsin Marketplace

Policy Name & Number	Date Effective
Trigger Point Injections-WI MP-MM-1621	12/01/2024
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Trigger Point Injections

B. Background
Myofascial trigger points are self-sustaining hyper-irritative foci in any skeletal muscle, often occurring in response to strain produced by acute or chronic overload. There is no associated neurologic deficit, and the pain may be aggravated by hyperextension of the spine, standing, and walking. 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) which is responsive to appropriate treatment. To successfully treat chronic myofascial pain syndrome, each single muscle syndrome needs to be identified along with every perpetuating factor. The purpose of a trigger point injection (TPI) is to treat not only the symptom but also the cause through the injection of a single substance (eg, a local anesthetic) or a mixture of substances (eg, a corticosteroid with a local anesthetic) directly into the affected body part in order to alleviate inflammation and pain.

Interventional procedures for management of pain should be part of a comprehensive pain management care plan that incorporates an initial trial of conservative treatment utilizing appropriate medications, physical therapy modalities and behavioral support, as needed.

Interventional procedures for the management of pain unresponsive to conservative treatment should be provided only by healthcare providers acting within their scope of practice who are qualified to deliver these health services.

C. Definitions
- **Acute Pain** – Pain that lasts less than 4 weeks.
- **Physician Supervised Home Exercise Program (HEP)** – A 6-week program requiring an exercise prescription and/or plan and a follow-up documented in the medical record after completion, or documentation of the inability to complete the HEP due to a stated physical reason (ie, increased pain, inability to physically perform exercises). Patient inconvenience or noncompliance without explanation does not constitute an inability to complete.
- **Subacute Pain** – Pain that has lasted between 4 weeks and 12 weeks.
- **Trigger Point** – A hyper excitable area of the body, where the application of a stimulus will provoke pain to a greater degree than in the surrounding area.

D. Policy
I. Trigger Point Injections – Initial Injections
A. Trigger point injections of anesthetic and/or corticosteroid for back pain, neck pain, or myofascial pain syndrome will be considered medically necessary when pain has persisted despite appropriate medical management and **ALL** the following criteria are met:

1. Patient presents with new (acute or subacute) localized pain, occurring in the last 3 months.
2. Patient has been refractory or intolerant of conservative therapies for at least 1 month, including **at least ONE** of the following:
   a. bed rest
   b. active exercise
   c. ultrasound
   d. range of motion
   e. heating or cooling treatments
   f. massage
3. TPIs are being given as a part of an overall conservative management (usually short term) plan, including **at least ONE** of the following:
   a. physical therapy
   b. occupational therapy
   c. physician supervised home exercise program (HEP)
   d. manipulative therapy
4. Pharmacotherapies are being administered, including **at least ONE** of the following:
   a. non-steroidal anti-inflammatory drugs (NSAIDS)
   b. muscle relaxants
   c. non-narcotic analgesics
   d. anti-depressants
5. The patient must have a diagnosis for which the trigger point injection is an appropriate treatment; **ALL** the following information must be documented in the patient's medical record:
   a. proper evaluation including a patient history and physical examination leading to diagnosis of the trigger point
   b. reason(s) for selecting this therapeutic option
   c. affected muscle or muscles
   d. muscle or muscles injected and the number of injections
   e. frequency of injections required
   f. name of the medication used in the injection
   g. results of any prior treatment
   h. corroborating evidence that the injection is medically necessary

B. Localization techniques to image or otherwise identify trigger point anatomic locations are not indicated and will not be covered for payment when associated with trigger point injection procedures.

II. Trigger Point Injections – Subsequent Injections

A. Trigger point injections should be repeated only if doing so is reasonable and medically necessary. For trigger point injections of a local anesthetic or a steroid, payment will be made for no more than 8 dates of service per calendar year per patient.

The Subcategories of Policy Type not selected. Policy Statement detailed above has received due consideration as defined in the Subcategories of Policy Type not selected. Policy Statement Policy and is approved.

B. Injections may be repeated only with documented positive results to the most recent trigger point injection of the same anatomic site. Documentation should include at least 50% improvement in pain, functioning, and activity tolerance.

III. There is no laboratory or imaging test for establishing the diagnosis of trigger points. Diagnosis is dependent upon a detailed history and a thorough directed examination. The following clinical features are present most consistently and are helpful in making the diagnosis:
A. history of onset and its cause (injury, sprain, etc.)
B. distribution of pain
C. restriction of movement
D. mild muscle specific weakness
E. focal tenderness of a trigger point
F. palpable taut band of muscle in which trigger point is located
G. local taut response to snapping palpitation
H. reproduction of referred pain pattern upon most sustained mechanical stimulation of the trigger point

IV. Payment Information
A. Certain trigger point injection procedure codes specify the number of injection sites. For these codes, the unit of service is different from the number of injections given.
B. Payment may be made for 1 unit of service of the appropriate procedure code reported on a claim for service rendered to a particular patient on a particular date.
C. A trigger point injection is normally considered to be a stand-alone service. No additional payment will be made for an office visit on the same date of service unless there is an indication on the claim (eg, in the form of a modifier appended to the evaluation and management procedure code) that a separate evaluation and management service was performed.
D. Dry needling is not an acceptable alternative to trigger point injections by an appropriately licensed clinician.

E. Conditions of Coverage
N/A

F. Related Policies/Rules
N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	08/14/2024	New market, approved at Committee
Date Revised		
Date Effective	12/01/2024	

The Subcategories of Policy Type not selected. Policy Statement detailed above has received due consideration as defined in the Subcategories of Policy Type not selected. Policy Statement Policy and is approved.

Date Archived		

H. References

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