

LCD - Trigger Points, Local Injections (L34588)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

LCD Information

Document Information

LCD ID

L34588

LCD Title

Trigger Points, Local Injections

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 09/30/2021

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). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, section 1862 (a)(7) excludes routine physical evaluations.

PUB 100-03 *Medicare National Coverage Determinations (NCD) Manual-*

Part 1 Section 30.3 – Acupuncture, 30.3.1 Acupuncture for Fibromyalgia, 30.3.2 Acupuncture for Osteoarthritis.

Part 2 Section 150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents.

Change Request 10901, Local Coverage Determinations (LCDs)

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Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Myofascial trigger points are self-sustaining hyper-irritative 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); each of these single muscle syndromes 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.

There is no laboratory or imaging test for establishing the diagnosis of trigger points; it depends therefore, upon the detailed history and thorough directed examination. The following clinical features are present most consistently and are helpful in making the diagnosis:

1. history of onset and its cause (injury, sprain, etc.);
2. distribution of pain;
3. restriction of movement;
4. mild muscle specific weakness;
5. focal tenderness of a trigger point;
6. palpable taut band of muscle in which trigger point is located;
7. local taut response to snapping palpitation; and
8. reproduction of referred pain pattern upon most sustained mechanical stimulation of the trigger point.

The goal is to identify and treat the cause of the pain and not just the symptom of pain.

After making the diagnosis of myofascial pain syndrome and identifying the trigger point responsible for it, the treatment options are:

1. medical management, including the use of anti-inflammatory agents, tricyclics, etc.;
2. stretch and use of coolant spray followed by hot packs and/or aerobic exercises;
3. application of low intensity ultrasound directed at the trigger point (this approach is used when the trigger point is otherwise inaccessible);
4. deep muscle massage;
5. injection of local anesthetic into the muscle trigger points:
 - a. as the initial or the only therapy when a joint movement is mechanically blocked, as is the case of coccygeus muscle, or when a muscle cannot be stretched fully, as is the case of the lateral pterygoid muscle;
 - b. as treatment of trigger points that are unresponsive to non-invasive methods of treatment, e.g., use of medications, spray and stretch.

NOTE: For all conditions, the actual area must be reported specifically, and must be documented in the medical record. Using a non-specific diagnosis code to support injections of multiple areas of the body, rather than more specific diagnosis codes, may result in denial of payment.

1. Known trigger points may be treated at frequencies necessitated by the nature and the severity of associated symptoms and signs
2. Per national Medicare regulations, acupuncture is not a covered service, even if provided for treatment of established trigger points:
 - a. Use of acupuncture needles and/or the passage of electrical current through these needles is not a covered service whether the service is rendered by an acupuncturist or any other provider;
 - b. providers of acupuncture services should inform the beneficiary that such services will not be covered; and
 - c. prolotherapy is not covered by Medicare and cannot be billed under the trigger point injection code.
3. If the service has been provided for a diagnosis that is not listed in the covered diagnosis codes section, the provider must thoroughly document the medical necessity and rationale for providing the service for the unlisted diagnosis in the patient's medical records, and this must be provided at the review level for consideration.

The diagnosis codes listed as covered should only be used for purposes of this policy when a trigger point is injected.

Documentation must be maintained noting the anatomic location of the injection site(s).

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

1. Documentation of proper evaluation leading to diagnosis of the trigger point.
2. Identification of the affected muscle(s).
3. Documentation of reasons for selecting this therapeutic option.
4. Precise diagnosis code must be used: generalized diagnoses like low back pain, lumbago, etc. will not be covered.
5. Documentation which includes the frequency of injections.
6. Documentation must reflect the medical necessity of providing the service. In a post payment review, the

process of making the diagnosis of the trigger point in an individual muscle as detailed in the description section must be documented.

7. If a patient requires more than 4 sets/series of injections during one year, (trigger points in different anatomical locations), a report stating the unusual circumstances and medical necessity for giving the additional injections must accompany the claim for review and individual consideration.

Utilization Guidelines

Repeat trigger point injections may be necessary when there is evidence of persistent pain. Generally, more than three injections of the same trigger point are not indicated. Evidence of partial improvement to the range of motion in any muscle area after an injection, but with persistent significant pain, would justify a repeat injection. The medical record must clearly reflect the medical necessity of the repeat injections.

Only one Trigger Point Injection CPT code can be billed per date of service.

Because the diagnosis code manual does not list "trigger point" or "myofascial pain syndrome," this LCD lists related diagnoses that can reasonably include trigger points and uses "myofascial pain syndrome" to refer to trigger points.

Sources of Information

Other Medicare Contractors' Local Coverage Determinations

Bibliography

1. Alvarez DJ, Rockwell PG. Trigger points: diagnosis and management. *American Family Physician*. 2002;65(4)653-660.
2. Dommerholt J, Grieve R, Layton M, Hooks T. An evidence-informed review of the current myofascial pain literature. *Journal of Bodywork & Movement Therapies*. 2015;19(1)126-137. doi: 10.1016/j.jbmt.2014.11.006
3. Wong CSM, Wong SHS. A new look at trigger point injections. *Anesthesiology Research and Practice*. 2012;1-5. doi:10.1155/2012/492452.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
09/30/2021	R10	09/30/2021 Review completed 08/26/2021 with no change in coverage. Grammar and punctuation corrections made throughout the LCD. Relocated references listed under "Sources of Information" to "Bibliography", and corrected AMA formatting.	<ul style="list-style-type: none">• Other (Review)
11/01/2019	R9	Content has been moved to the new template.	<ul style="list-style-type: none">• Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
08/29/2019	R8	08/29/2019 Change Request 10901 Local Coverage Determinations (LCDs): it will no longer be appropriate to include Current Procedure Terminology (CPT)/Health Care Procedure Coding System (HCPCS) codes or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in the LCDs. All CPT/HCPCS and ICD-10 codes have been removed from this LCD and placed in Billing and Coding: Trigger Points, Local Injections linked to this LCD. The applicable manual/regulation has been referenced in CMS National Coverage Policy Section. Review completed 08/08/2019. There will not be a lapse in coverage and there has been no change to the coverage content of this LCD.	<ul style="list-style-type: none"> Other (Changes in response to CMS Change Request 10901. Review completed.)
10/01/2018	R7	10/01/2018 ICD-10 Codes updates: deleted code M79.1 and added codes M79.11, M79.12, and M79.18 in Group One.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
02/01/2018	R6	02/01/2018 Annual review completed 01/10/2018 with no change in coverage. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> Other (- Annual review)
03/01/2017	R5	03/01/2017 Annual review done 02/02/2017. No change in coverage, reformatting, and typographical corrections made.	<ul style="list-style-type: none"> Other (Annual review)
03/01/2016	R4	03/01/2016 Annual review no change in coverage, removed CAC information.	<ul style="list-style-type: none"> Other (Maintenance annual review)
10/01/2015	R3	10/06/2015 - Due to CMS guidance, we have removed the Jurisdiction 8 Notice and corresponding table from the CMS National Coverage Policy section. No other changes to policy or coverage.	<ul style="list-style-type: none"> Other
10/01/2015	R2	05/29/2015 - Annual updates to the Bill Type Codes and Revenue Codes have been reviewed by the Policy Department and are being Approved for public display. No other changes to policy or coverage.	<ul style="list-style-type: none"> Other (Annual Bill Type Code and Revenue Code updates.)
10/01/2015	R1	04/01/2015 Annual review no change in coverage updated references.	<ul style="list-style-type: none"> Other (Maintenance annual review)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A56909 - Billing and Coding: Trigger Points, Local Injections](#)

Related National Coverage Documents

NCDs

[30.3 - Acupuncture](#)

[30.3.1 - Acupuncture for Fibromyalgia](#)

[30.3.2 - Acupuncture for Osteoarthritis](#)

[150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents](#)

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
09/20/2021	09/30/2021 - N/A	Currently in Effect (This Version)
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

Keywords

N/A