

02-20000-28

Original Effective Date: 11/15/00

Reviewed: 07/27/23

Revised: 08/15/23

Subject: Trigger Point Injections

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

DESCRIPTION:

Trigger points are discrete, focal, hyperirritable spots within a taut band of skeletal muscle fibers that produce local and/or referred pain when stimulated. Trigger points are associated with local ischemia and hypoxia, a significantly lowered pH, local and referred pain and altered muscle activation patterns.

POSITION STATEMENT:

Trigger point injections (20552, 20553) meet the definition of medical necessity to treat trigger points when **ALL** of the following criteria are met:

- There is a regional pain complaint in the expected distribution of referral pain from a trigger point, **AND**
- There is spot tenderness in a palpable taut band in a muscle, **AND**
- There is restricted range of motion, **AND**
- Conservative therapy (e.g., physical therapy, active exercises, activity modification, pharmacotherapy) for 6 weeks fails or is not feasible
- Injections do not exceed 4 in 30 days or 6 in 6 months, per anatomic location

Imaging guidance (ultrasound or fluoroscopic) performed with trigger point injection (20552, 20553) is considered **experimental or investigational**, as there is insufficient clinical evidence to permit scientific conclusions on net health outcomes.

Dry-needling of trigger points (20560, 20561) is considered **experimental or investigational**, as there is insufficient clinical evidence to permit scientific conclusions on net health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

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 muscles
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s) (investigational)
20561	Needle insertion(s) without injection(s); 3 or more muscles (investigational)

ICD-10 Diagnosis Codes That Support Medical Necessity for 20552 – 20553:

C49.9	Malignant neoplasm of connective and soft tissue, unspecified
M25.721 – M25.729	Osteophyte, elbow
M25.751 – M25.759	Osteophyte, hip
M25.771 – M25.776	Osteophyte, ankle or foot
M35.4	Diffuse (eosinophilic) fasciitis
M46.00 – M46.09	Spinal enthesopathy
M53.82	Other specified dorsopathies, cervical region
M53.9	Dorsopathy, unspecified
M54.00 – M54.09	Panniculitis affecting regions of neck and back,
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
M60.10	Interstitial myositis of unspecified site
M60.111 – M60.179	Interstitial myositis
M60.80 – M60.9	Other myositis
M60.9	Myositis, unspecified
M62.4	Contracture of muscle, unspecified site
M62.411 – M62.49	Contracture of muscle
M62.830 – M62.838	Muscle spasm
M62.89	Other specified disorders of muscle
M65.30	Trigger finger, unspecified finger
M65.311 – M65.359	Trigger finger
M65.4	Radial styloid tenosynovitis [de Quervain]
M65.80	Other synovitis and tenosynovitis, unspecified site
M65.811 – M65.9	Other synovitis and tenosynovitis
M65.841 – M65.849	Other synovitis and tenosynovitis, hand
M65.871 – M65.879	Other synovitis and tenosynovitis, ankle and foot
M65.88	Other synovitis and tenosynovitis, other site
M65.89	Other synovitis and tenosynovitis, multiple sites
M65.9	Synovitis and tenosynovitis, unspecified
M67.30 – M67.39	Transient synovitis
M70.20 – M70.22	Olecranon bursitis, elbow
M70.30 – M70.32	Other bursitis of elbow
M70.60 – M70.62	Trochanteric bursitis, hip

M70.70 – M70.72	Other bursitis of hip
M71.30	Other bursal cyst, unspecified site
M71.38	Other bursal cyst, other site
M71.39	Other bursal cyst, multiple sites
M72.1	Knuckle pads
M72.2	Plantar fascial fibromatosis
M72.4	Pseudosarcomatous fibromatosis
M72.8 – M72.9	Fibroblastic disorders
M75.80 – M75.92	Other shoulder lesions and shoulder lesion, unspecified
M76.10 – M76.12	Psoas tendinitis, side
M76.20 – M76.22	Iliac crest spur, hip
M76.30 – M76.32	Iliotibial band syndrome
M76.60 – M76.62	Achilles tendinitis
M76.70 – M76.72	Peroneal tendinitis
M76.811 – M76.899	Other specified enthesopathies of lower limb, except foot
M76.861 – M76.869	Other enthesopathies, lower leg
M77.00 – M77.02	Medial epicondylitis, elbow
M77.10 – M77.12	Lateral epicondylitis, elbow
M77.30 – M77.32	Calcaneal spur
M77.40 – M77.42	Metatarsalgia, foot
M77.50 – M77.52	Other enthesopathy, foot
M77.9	Enthesopathy, unspecified
M79.3	Panniculitis, unspecified
M79.601 – M79.676	Pain in limb
M79.7	Fibromyalgia

REIMBURSEMENT INFORMATION:

The total number of procedures (20552 and 20553), in any combination, is limited to four (4) in a 30-day period and (6) in six months, per anatomic location.

NOTE: Services in excess of the limitations shown above are subject to medical review of documentation for determination of medical necessity. The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, treatment plan, current medications and/or history of medication use, physical therapy assessment and/or progress notes.

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy initial assessment	18735-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy progress note	11508-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Injection of Trigger Points (L33912) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Anesthetic agent: a drug that causes loss of feeling in a part of the body (local, topical anesthesia), or loss of feeling in the entire body and loss of consciousness (general anesthesia).

Dry needling: the insertion of a needle into a trigger point without injecting any medication, to try to deactivate the trigger point; the needle is removed and the procedure is often followed by stretching exercises.

Steroid agent: a substance also referred to as corticosteroid, similar to hormones produced by the adrenal gland that fight stress associated with illness and injury; they reduce inflammation and affect the immune system.

Trigger point: areas of taut muscle bands or palpable knots of the muscle, that are painful on compression and can produce referred pain, referred tenderness, and/or motor dysfunction.

RELATED GUIDELINES:

[Diagnosis and Treatment of Temporomandibular Joint Disorder, 02-20000-12](#)

OTHER:

None applicable.

REFERENCES:

1. Abbaszadeh-Amirdehi M, et al. Therapeutic effects of dry needling in patients with upper trapezius myofascial trigger points. *Acupunct Med.* 2017 Apr;35(2):85-92. doi: 10.1136/acupmed-2016-011082. Epub 2016 Oct 3.
2. Álvarez SD, Velázquez Saornil J, Sánchez Milá Z, Jaén Crespo G, Campón Chekroun A, Barragán Casas JM, Frutos Llanes R, Rodríguez Sanz D. Effectiveness of Dry Needling and Ischemic Trigger Point Compression in the Gluteus Medius in Patients with Non-Specific Low Back Pain: A Randomized Short-Term Clinical Trial. *Int J Environ Res Public Health.* 2022 Sep 30;19(19):12468. doi: 10.3390/ijerph191912468.
3. American Institute of Ultrasound in Medicine Practice Guideline: Musculoskeletal Ultrasound Examination (April 2012). Accessed at <http://www.aium.org/> on 05/31/13.
4. Blue Cross Blue Shield Association Evidence Positioning System®. 2.01.100 - Dry Needling of Trigger Points for Myofascial Pain, 05/23.
5. Blue Cross Blue Shield Association Evidence Positioning System®. 2.01.103 - Trigger Point and Tender Point Injections, 05/23.
6. Blue Cross Blue Shield Association Evidence Positioning System®. 2.01.85 - Neural Therapy, 12/20.
7. Botwin KP, Sharma K, Saliba R, Patel BC. Ultrasound-Guided Trigger Point Injections in the Cervicothoracic Musculature: A New and Unreported Technique. *Pain Physician* 2008; 11:885-889.
8. Campagna R, Guerini H. The tendons: Interventional sonography. *Journal of Ultrasound* (2012) 15, 56e60.
9. Castro-Sanchez AM, Garcia-Lopez H, et al. Effects of Dry Needling on Spinal Mobility and Trigger Points in Patients with Fibromyalgia Syndrome. *Pain Physician.* 2017 Feb;20(2):37-52.
10. Centers for Medicare and Medicaid (CMS). Local Coverage Determination (LCD): Injection of Trigger Points (L33912) (10/01/15) (Revised 10/01/19).
11. Cojocarú MC, Cojocarú IM, et al. Trigger points--ultrasound and thermal findings. *J Med Life.* 2015 Jul-Sep;8(3):315-8.
12. Dıraçođlu D, Vural M, Karan A, Aksoy C. Effectiveness of dry needling for the treatment of temporomandibular myofascial pain: a double-blind, randomized, placebo controlled study. *J Back Musculoskelet Rehabil.* 2012 Jan 1;25(4):285-90.
13. ECRI Health Technology Assessment Information Services. Custom Hotline Response. Trigger Point Injection Therapies for Chronic, Nonmalignant Back Pain. Updated 02/12/07.

14. Epis O, et. al. Ultrasound imaging for the rheumatologist (XVI): Ultrasound-guided procedures. *Clin Exp Rheumatol* 2008; 26; 515-518.
15. Ferrante FM, Bearn L, Rothrock R, King L. Evidence against Trigger Point Injection Technique for the Treatment of Cervicothoracic Myofascial Pain with Botulinum Toxin Type A. *Anesthesiology*. Aug 2005; 103(2): 377-383.
16. Filner B. Trigger Point Injections: Techniques, Pitfalls and Alternatives. Tips on practicing good technique for inactivating trigger points while avoiding pitfalls and minimizing complications. Presentation at the American Academy of Pain Management annual meeting. September 2008.
17. Freeman MD, Centeno CJ, Nystrom NA. Central sensitization is a reversible response to focal soft-tissue neck pain in chronic whiplash. American Academy of Orthopedic Surgeons. 2010 Annual Meeting Poster Presentation P276.
18. Geso L, Filippucci E, Meenagh G, Gutierrez M, Ciapetti A, Salaffi F, Grassi W. CS injection of tenosynovitis in patients with chronic inflammatory arthritis: the role of US. *D Rheumatology (Oxford)*. 2012 Jul;51(7):1299-303.
19. Harmon D, Alexiev V. Sonoanatomy and Injection Technique of the Iliolumbar Ligament. *Pain Physician* 2011; 14:469-474.
20. Hashiuchi T, Sakurai G, Morimoto M, Komei T, Takakura Y, Tanaka Y. Accuracy of the biceps tendon sheath injection: ultrasound-guided or unguided injection? A randomized controlled trial. *J Shoulder Elbow Surg*. 2011 Oct;20(7):1069-73.
21. Huang Y, Gao M, Li Q, Zhang X, Chen H, Li X, Hu P, Zeng Q. Ultrasound-Guided Dry Needling for Trigger Point Inactivation in the Treatment of Postherpetic Neuralgia Mixed with Myofascial Pain Syndrome: A Prospective and Controlled Clinical Study. *Pain Res Manag*. 2022 Aug 2;2022:2984942. doi: 10.1155/2022/2984942.
22. Institute for Clinical Systems Improvement (ICSI). Assessment and management of chronic pain. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI). 2007 Mar. 87 p.
23. Jose J, Schallert E, Lesniak B. Sonographically guided therapeutic injection for primary medial (tibial) collateral bursitis. *J Ultrasound Med*. 2011 Feb;30(2):257-61.
24. Kalichman L, Vulfsons S. Dry needling in the management of musculoskeletal pain. *J Am Board Fam Med*. 2010 Sep-Oct;23(5):640-6.
25. Lee DH, Han SB, Park JW, Lee SH, Kim KW, Jeong WK. Sonographically guided tendon sheath injections are more accurate than blind injections: implications for trigger finger treatment. *J Ultrasound Med*. 2011 Feb;30(2):197-203.
26. Manchikanti, L., Singh, V., Kloth, D. Interventional Pain Management Practice Policies; Trigger Point Injections. American Society of Interventional Pain Physicians. Accessed 04/08/09.
27. Mayoral O, et. al. Efficacy of Myofascial Trigger Point Dry Needling in the Prevention of Pain after Total Knee Arthroplasty: A Randomized, Double-Blinded, Placebo-Controlled Trial. *Evidence-Based Complementary and Alternative Medicine* Volume 2013, Article ID 694941.
28. McAlindon T, et. al. American College of Rheumatology Report on Reasonable Use of Musculoskeletal Ultrasonography in Rheumatology Clinical Practice. *Arthritis Care & Research* Vol. 64, No. 11, November 2012, pp 1625–1640.
29. McDermott JD, Ilyas AM, Nazarian LN, Leinberry CF. Ultrasound-guided injections for de Quervain's tenosynovitis. *Clin Orthop Relat Res*. 2012 Jul;470(7):1925-31.
30. Muir JJ, et. al. The accuracy of ultrasound-guided and palpation-guided peroneal tendon sheath injections. *Am J Phys Med Rehabil*. 2011 Jul;90(7):564-71.
31. Myburgh C, Hartvigsen J, Aagaard P, Holsgaard-Larsen A. Skeletal muscle contractility, self-reported pain and tissue sensitivity in females with neck/ shoulder pain and upper Trapezius

myofascial trigger points— a randomized intervention study. *Chiropractic & Manual Therapies* 2012, 20:36.

32. Peloso P, Gross A, Haines T, Trinh K, Goldsmith CH, Burnie S, Cervical Overview Group. Medicinal and injection therapies for mechanical neck disorders. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD000319. DOI: 10.1002/14651858.CD000319.pub4.
33. Practice guidelines for chronic pain management. An updated report by the American Society of Anesthesiologists. Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology* 2010 Apr;112(4):810-33.
34. Reach JS, Easley ME, Chuckpaiwong B, Nunley JA. Accuracy of ultrasound guided injections in the foot and ankle. *Foot Ankle Int.* 2009 Mar;30(3):239-42.
35. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L, Matz PG, Mummaneni P, Watters WC 3rd, Wang J, Walters BC, Hadley MN, American Association of Neurological Surgeons/Congress of Neurological Surgeons. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 13: injection therapies, low-back pain, and lumbar fusion. *J Neurosurg Spine* 2005 Jun; 2(6):707-15.
36. Scott A, Guo B. Trigger point injections for chronic non-malignant musculoskeletal pain. *Health Technology Assessment* 35. Edmonton, AB: Alberta Heritage Foundation for Medical Research; January 2005.
37. Shah JP, Thaker N, et al. Myofascial Trigger Points Then and Now: A Historical and Scientific Perspective. *PM R.* 2015 Jul;7(7):746-761. doi: 10.1016/j.pmrj.2015.01.024. Epub 2015 Feb 24.
38. Smith J, Wisniewski SJ, Wempe MK, Landry BW, Sellon JL. Sonographically guided obturator internus injections: techniques and validation. *J Ultrasound Med.* 2012 Oct;31(10):1597-608.
39. Taşkesen F, Cezairli B. The effectiveness of the masseteric nerve block compared with trigger point injections and dry needling in myofascial pain. *Cranio.* 2023 Mar;41(2):96-101. doi: 10.1080/08869634.2020.1820686. Epub 2020 Sep 16. PMID: 32935643.
40. Uemoto L, et. al. Laser therapy and needling in myofascial trigger point deactivation. *Journal of Oral Science*, Vol. 55, No. 2, 175-181, 2013.
41. UpToDate. Chronic pelvic pain in adult females: Treatment. 2023. Accessed at [uptodate.com](https://www.uptodate.com).
42. UpToDate. Management of non-radicular neck pain in adults. 2023. Accessed at [uptodate.com](https://www.uptodate.com).
43. UpToDate. Myofascial pelvic pain syndrome in females: Treatment. Accessed at [uptodate.com](https://www.uptodate.com).
44. UpToDate. Subacute and chronic low back pain: Nonsurgical interventional treatment. 2023. Accessed at [uptodate.com](https://www.uptodate.com).
45. UpToDate. Treatment of myofascial pelvic pain syndrome in women. 2021. Accessed at [uptodate.com](https://www.uptodate.com).
46. Vernon H, Schnieder M. Chiropractic management of myofascial trigger points and myofascial pain syndrome: Summary of Clinical Practice Recommendations from the Commission of the Council on Chiropractic Guidelines and Practice Parameters. COUNCIL ON CHIROPRACTIC GUIDELINES AND PRACTICE PARAMETERS. June 2008.
47. Wong CSM, Wong SHS. A New Look at Trigger Point Injections. *Anesthesiol Res Pract.* 2012; 2012: 492452.
48. Yablon CM. Ultrasound-guided intervention of the foot and ankle. *Semin Musculoskelet Radiol.* 2013 Feb;17(1):60-8.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/27/23.

GUIDELINE UPDATE INFORMATION:

09/15/03	Developed separate MCG created for Tendon Sheath, Ligament and Trigger Point Injections from Outpatient Pain Management 02-61000-01.
01/01/04	Annual HCPCS coding update.
09/15/05	Review and revision of guideline consisting of updated references.
07/15/07	Review, current coverage maintained, guideline reformatted, references updated.
11/15/07	Review and revision of guideline consisting of updated references and addition of diagnosis codes.
01/01/09	Annual HCPCS coding update: revised descriptor for 20552 and 20553.
05/15/09	Scheduled review: update of position statement to include coverage criteria, update of description section to include medical necessity management statement, update reimbursement statement, and references.
09/15/09	Unscheduled review. Update position statement for trigger point injections.
10/15/10	Revision; related ICD-10 codes added.
07/01/11	Revision; formatting changes.
08/15/11	Scheduled review, revise description and ICD9 coding sections; update references, formatting changes.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
09/15/13	Unscheduled review. Revised description, position statement, reimbursement section, program exceptions section and definitions. Updated references. Reformatted guideline.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
01/01/16	Annual CPT/HCPCS coding update. Revised code 20553 descriptor. Revised Program Exceptions section.
10/01/18	ICD10 coding update: deleted M79.1. Reformatted guideline.
10/15/19	Scheduled review. Revised description and reimbursement information section. Maintained position statement and updated references.
01/01/20	Annual CPT/HCPCS coding update. Added 20560, 20561.
08/15/21	Scheduled review. Revised description and position statement. Updated references.
10/01/21	Quarterly CPT/HCPCS coding update: added codes M54.50, M54.51, M54.59; deleted code M54.5.
05/23/23	Update to Program Exceptions section.
08/15/23	Scheduled review. Revised description, CPT coding, ICD10 coding, and definitions. Deleted criteria for tendon sheath and ligament injections. Revised criteria for trigger point injections. Updated references.