

Local Coverage Determination (LCD): Trigger Point Injections (L37635)

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Section Navigation

- **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=394&ver=1)	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=395&ver=1)	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=396&ver=1)	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=378&ver=1)	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=379&ver=1)	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=380&ver=1)	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlId=381&ver=1)	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

- **LCD Information**

Document Information

LCD ID
L37635

LCD Title
Trigger Point Injections

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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Original Effective Date
For services performed on or after
02/26/2018

Revision Effective Date
For services performed on or after
09/13/2018

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
12/14/2017

Notice Period End Date
02/25/2018

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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

Title XVIII of the Social Security Act, §1833(e) states that no payment shall be made to any provider for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1 §30.3 - Acupuncture.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2 §150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications

An active trigger point has pain at rest, has pain on palpation, has radiation of pain, and has a local twitch response. Trigger point injections are indicated in symptomatic trigger points. The history of onset of the painful condition and its presumed cause, location, duration, failed therapies and recommendations for injection therapy of each clearly delineated muscle must be in the patient's chart and made available to Medicare upon request. The goal is to treat the cause of the pain and not just the symptom of pain.

Limitations

1. Trigger point injections accompanied by appropriate adjunctive care should provide moderate-to-long term benefits. There is no peer-reviewed literature to substantiate more than four trigger point injections in a year.
2. Acupuncture is not covered by Medicare. If acupuncture is billed using trigger point therapy codes (20552, 20553) it will be considered not reasonable and necessary.
3. Prolotherapy is not covered by Medicare. If prolotherapy is billed using trigger point therapy codes (20552, 20553) it will be considered not reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

- **Coding Information**

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
20552	Inj trigger point 1/2 muscl
20553	Inject trigger points 3/>

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Showing 1 to 1 of 1 entries in Group 1

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ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

- **General Information**

Associated Information

Documentation Requirements

The patient's medical record must have:

- Documentation of the physical findings leading to diagnosis of the trigger point.
- The involved muscle group(s) must be documented in the patient's medical record as well as the number of trigger points injected. A diagram with an "X" or other similar annotation is not adequate documentation.
- Documentation of the reason(s) for selecting this therapeutic option.

If a patient requires more than four (4) procedures of either CPT codes 20552 or 20553 during one year, a report stating the unusual circumstances and medical necessity for giving the additional injections must be documented in the patient's medical record and made available to the A/B MAC upon request.

All coverage criteria must be clearly documented in the patient's medical record and made available to the A/B MAC upon request.

Utilization Guidelines

1. More than four (4) trigger point injections in a year's time will not be covered.

2. If a patient requires more than four (4) procedures of either CPT codes 20552 or 20553 during one year, a report stating the unusual circumstances and medical necessity for giving the additional injections must be documented in the patient's medical record and made available to the A/B MAC upon request.

Sources of Information

N/A

Bibliography

Alvarez DJ, Rockwell PG. *Trigger Points: Diagnosis and Management. Am Fam Physician.* 2002;65(4):653-660.

Borg-Stein J, Stein J. Trigger Point and Tender Points One and the Same? Does Injection Treatment Help? *Rheumatic Disease Clinics of North America.* 1996;22(2):305-322.

Ingber RS. Position Paper on Trigger Point Injections [Fibromyalgia and Myofascial Pain News] (<http://www.ProHealth.com>); 03-28-2003.

Consultations with the representatives to the Carrier Advisory Committee

Other Medicare Carriers' LCDs

- **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
09/13/2018	R2	Under Documentation Requirements the following verbiage has been deleted: Diagnosis codes from the "ICD-10-CM Codes that Support Medical Necessity" section must be used to support the specific muscles injected. Generalized diagnoses like low back pain, lumbago, etc. will not be covered. <i>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.</i>	<ul style="list-style-type: none"> • Provider Education/Guidance • Public Education/Guidance
02/26/2018	R1	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> • Other

- **Associated Documents**

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/07/2018 with effective dates 09/13/2018 - N/A

Updated on 12/07/2017 with effective dates 02/26/2018 - 09/12/2018 ([/medicare-coverage-database/details/lcd-details.aspx?](#)

[LCDId=37635&ver=3&CntrctrSelected=378*1&Cntrctr=378&LcNtrctr=378*1%7c379*1%7c380*1%7c381*1&DocType=2&bc=AgACAAQBAAAA&"\)](#)

- **Keywords**

N/A

Read the **LCD Disclaimer** ([./staticpages/lcd-disclaimer.aspx](#))

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