

	Trigger Point Injections	
	<b>Policy Number:</b> POL-PP-112	<b>Original Creation Date:</b> 10/1/2019
	<b>Version Number:</b> 10	<b>Version Effective Date:</b> 10/1/2019
	<b>Policy Status:</b> Active	<b>Next Review Date:</b> 10/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PROFESSIONAL</b>	<b>FACILITY</b>	<b>DME</b>	<b>AMBULATORY SURGERY</b>	<b>LAB</b>	<b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMERCIAL</b>	<b>BLUE MEDICARE ADVANTAGE</b>	<b>ACA QHP<sup>1</sup></b>	<b>SMALL GROUP ACA</b>	<b>JAA<sup>2</sup></b>	<b>FEP<sup>3</sup></b>	<b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

### Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

### Description/Application

Trigger points are tight bands of muscle fibers that can't relax, creating painful, tender "knots". Trigger point injections involve injecting a local anesthetic or corticosteroid into a "knot" of muscle tissue to relieve pain and muscle spasms.

## Policy

Trigger point injections with anesthetic and /or corticosteroid may be paid for the treatment of myofascial pain syndrome under certain conditions. Trigger point injections are considered investigational for all other indications.

Ultrasound guidance for trigger point injections is considered investigational.

Please see Blue KC Medical Policy 2.01.03 Trigger Point and Tender Point Injections for conditions supporting medical necessity.

No more than 4 injections may be given in a 12-month period

Trigger point and tender point injections may not be paid for any other indications, including the treatment of myofascial pain syndrome not meeting the criteria listed in the Blue KC Medical Policy, including complex regional pain syndrome, abdominal wall pain, and fibromyalgia.

Because trigger point injections are considered a 0-day global procedure, when performed the same day as an E/M service, the E/M service will be bundled into the trigger point injection and be denied unless the documentation supports a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. This circumstance may be reported by adding Modifier 25 to the appropriate level of E/M service.

Documentation in the medical record should include:

- Muscle(s) injected (name them)
- Medication
- Needle size
- Agent (e.g., drug, substance), strength, and quantity injected

Code selection is based on the number of muscles injected and not the number of injections given.

## Coding

CPT	Description
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
20553	Single or multiple trigger point(s), 3 or more muscles
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) imaging supervision and interpretation
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)
77021	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation

## References and Resources

Centers for Medicare and Medicaid Services

National Correct Coding Policy Manual

American Medical Association

## Related Documents

Blue KC Medical Policy 2.01.03 Trigger Point and Tender Point Injections

## Revision History

Version	Date	Summary of Revisions
001	10/01/2019	Initial version
002	7/22/2020	Removed archived Medical Policy from "Related Policies"
003	10/1/2020	Annual review, added to policy that Ultrasound guidance is considered investigational when performed with 20552, 20553
004	8/6/2021	Remove CPT table, please see CPT manual for correct coding.
005	10/1/2021	Annual review, no updates, or changes were made to the policy
006	12/28/2021	Formatting changes were made, no changes were made to the content.
007	10/22/2022	Policy updated to remove CPT codes, please see CPT manual for correct coding.
008	10/1/2023	Annual review added reference to Blue KC Medical Policy 2.01.103 Trigger Point and Tender Point Injections
009	10/1/2024	Annual review, no updates, or changes were made to the policy
010	10/1/2025	Annual review – Radiology imaging codes 76942, 77002, and 77021 were added to the policy Catching up versions to match in LogicGate