Humana. CareSource

MEDICAL POLICY STATEMENT
KENTUCKY MEDICAID

Policy Name	Policy Number	Date Effective
Trigger Point Injections	MM-0220	9/1/2019
Policy Type		
MEDICAL	Administrative / Pharmacy	Reimbursement

Medical Policy Statement prepared by CSMG Co. and its affiliates (including CareSource) 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 documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

Table of Contents

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); 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. 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 (e.g., a local anesthetic) or a mixture of substances (e.g., 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 within their scope of practice who are qualified to deliver these health services.

Professional Societies

The following professional society’s recommendations are derived from the latest guidelines and scientific based literature available.

American Society of Anesthesiologists (ASA) recommendations include trigger point injections be considered as treatment for patients with myofascial pain as part of a multimodal approach to pain management (ASA Practice Guidelines for Chronic Pain Management 2010).

C. DEFINITIONS

- A trigger point is 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. The purpose of a trigger-point injection is to treat not only the symptom but also the cause through the injection of a single substance (e.g., a local anesthetic) or a mixture of substances (e.g., a corticosteroid with a local anesthetic) directly into the affected body part in order to alleviate inflammation and pain

D. POLICY

I. Criteria

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

1. Patient presents with new localized pain, occurring in the last 3 months
2. Patient has been refractory or intolerant of conservative therapies for at least one month, such as:
   2.1 Bed rest

2.2 Active exercise
2.3 Ultrasound
2.4 Range of motion
2.5 Heating or cooling treatments
2.6 Massage

3. TPIs are being given as a part of an overall management (usually short term) plan, which may include:
   3.1 Physical therapy
   3.2 Occupational therapy
4. Pharmacotherapies are being administered, including:
   4.1 NSAIDS
   4.2 Muscle relaxants
   4.3 Non-narcotic analgesics
   4.4 Anti-depressants
   4.5 Opioid narcotics are not required for consideration
5. The patient must have a diagnosis for which the trigger-point injection is an appropriate treatment; and the following information must be documented in the patient's medical record:
   5.1 Proper evaluation including a patient history and physical examination leading to a diagnosis of the trigger point
   5.2 The reason or reasons for selecting this therapeutic option
   5.3 The affected muscle or muscles
   5.4 The muscle or muscles injected and the number of injections
   5.5 The frequency of injections required
   5.6 The name of the medication used in the injection
   5.7 The results of any prior treatment
   5.8 Corroborating evidence that the injection is medically necessary

B. 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 eight dates of service per calendar year per patient.

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

D. 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. 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:
   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.

III. 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. Payment may be

made for one unit of service of the appropriate procedure code reported on a claim for service rendered to a particular patient on a particular date.

IV. 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 (e.g., in the form of a modifier appended to the evaluation and management procedure code) that a separate evaluation and management service was performed.

E. CONDITIONS OF COVERAGE

F. RELATED POLICIES/RULES

Pain Management KY MCD PY-0106

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	02/22/2018	New Policy
Date Revised	6/1/2019	Annual Update: no changes
Date Effective	9/1/2019	

H. REFERENCES

1. Staal, J.B., et al., *Injection therapy for subacute and chronic low back pain: an updated Cochrane review.* Spine (Phila Pa 1976), 2009. 34(1): p. 49-59.
2. Chou, R., et al., *Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society.* Spine, 2009. 34(10): p. 1066-1077.
3. Manchikanti, L. (2001). Interventional Techniques in the Management of Chronic Pain: Part 2.0. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.655.8386&rep=rep1&type=pdf
4. Rosenquist, MD, R. W. (2010, April). *Practice Guidelines for Chronic Pain Management*. The American Society of Anesthesiologist
5. Cms.gov. (2017). *Current Procedural Terminology (CPT) and National Uniform Billing Committee (NUBC) Licenses*. [online] Available at: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34588&ver=13 [Accessed 7 Dec. 2017].

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 2/2018

KY-HUCP0-1242 KDMS Approved: 06/24/2019