



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Payment Policy POL-PP-112	
Subject: Trigger Point Injections	
Effective Date: 10/1/2019	Committee Approval Obtained: 10/1/2019 Last Review: 10/1/2023 Next Review: 10/01/2024
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.bluekc.com/ContactUs/PaymentPolicies</p> <p>Provider Payment policies are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p>Covered services and payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members' costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p>Blue KC reimburses health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
Policy	<p>Trigger point injections with anesthetic and /or corticosteroid may be paid for the treatment of myofascial pain syndrome under the following conditions,</p> <ul style="list-style-type: none">▪ 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, such as physical therapy, active exercises, ultrasound, heating or cooling, massage, activity modification, or pharmacotherapy for 6 weeks fails or is not feasible AND▪ Trigger point injections are provided as a component of a comprehensive therapy program, AND▪ No more than 4 injections are given in a 12-month period <p>Trigger point and tender point injections may not be paid for any other indications, including the treatment of myofascial pain syndrome not meeting the</p>

	<p>criteria above, complex regional pain syndrome, abdominal wall pain, and fibromyalgia.</p> <p>Imaging guidance for injections may be reported depending on the modality used.</p> <p>Ultrasound guidance for trigger point injections is considered investigational.</p> <p>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.</p> <p>Documentation in the medical record should include:</p> <ul style="list-style-type: none"> • Muscle(s) injected (name them) • Medication • Needle size • Agent (e.g., drug, substance), strength, and quantity injected <p>Code selection is based on the number of muscles injected and not the number of injections given.</p> <p>Documentation in the patient's medical record should also include proper evaluation leading to the diagnosis of the trigger points, and specific identification of the affected muscle(s).</p> <p>For more information on medical necessity indications, please see Blue KC Medical Policy 2.01.103 Trigger Point and Tender Point Injections.</p>
History	<p>Approval Date: 10/1/2019</p> <p>Effective Date: 10/1/2019</p>
Review	<p>7/22/2020 – Removed archived Medical Policy from “Related Policies”</p> <p>10/1/2020 – Annual review, 76942 Ultrasound guidance documented as investigational when performed with 20552, 20553</p> <p>8/6/2021: Policy updated to remove CPT codes, please see CPT manual for correct coding.</p> <p>10/1/2021 – Annual review, no updates</p> <p>12/28/2021 – Formatting changes</p> <p>10/22/2022 – Annual Review, clarified use of modifier 25 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.</p> <p>10/1/2023 -Annual review, added reference to Blue KC Medical Policy</p>
References and Research Materials	<p>CMS</p> <p>NCCI Policy Manual</p> <p>AMA</p>
Related Policies	<p>Blue KC Medical Policy 2.01.103 Trigger Point and Tender Point Injections</p>

This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.

