MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

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MP.098.MH – Trigger Point and Transforaminal Epidural Injections

This policy applies to the following lines of business:
- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Trigger Point and Transforaminal Epidural Injections** medically necessary for the following indications:

1. **Trigger Point Injections (TPI)**:
   - Established myofascial pain syndrome (MPS) which is unresponsive to noninvasive medical management (e.g. analgesics, passive physical therapy, ultrasound, range of motion, and active exercises);
   - As a bridging therapy to relieve pain while other treatments are also initiated such as medication or physical therapy;
   - As a single therapeutic maneuver when joint movement is mechanically blocked (i.e. coccygeus muscle).

2. **Transforaminal Epidural Injections**:

May be used diagnostically:
- When there is a question of intercostal neuralgia versus thoracic facet syndrome.
- When radiologic studies have demonstrated an abnormality limited to an adjacent nerve root.
- When a clinical picture is suggestive, but not typical, for both nerve root and distal nerve or joint disease and multiple sources of pain are in question (e.g., there is a root dysfunction from mild lumbar disk disease versus a causalgia-like syndrome from an old, chronic knee injury).
- When a discrepancy exists between the demonstrated pathology and the complaint or findings (e.g. when the source of pain appears to be due to a classic mono-radiculopathy, yet the neurodiagnostic studies have failed to provide a structural explanation or an L4 disc bulge is seen, radiologically, with an S1 root syndrome).
- To determine if the cause of pain is central or peripheral as in leg pain following a spinal cord injury.

May be used therapeutically:
- When radicular pain is resistant to, or there is a contraindication to other therapeutic measures (such as non-narcotic analgesic, physical therapy, etc.),

- When surgery is contraindicated,
- When treatment of acute herpes zoster pain or post-herpetic neuralgia is needed,
- When there is reflex sympathetic dystrophy (RSD), causalgia or a complex regional pain syndrome I and II, in lieu of a sympathetic blockade,
- When there is monoradicular pain confirmed by diagnostic blockade in which a surgically correctable lesion cannot be identified,
- When post-decompressive radiculitis or post-surgical scarring exists.

Limitations

1. **Trigger Point Injections**
   - TPI is not covered more often than three sessions in a three-month period (medical necessity for additional injections must be documented in the medical record and available upon request). TPI is not covered if it is not indicated or not medically necessary.
   - Medical record documentation must support the medical necessity, frequency and patient response to TPI and be available upon request.
   - Only one code from 20552 to 20553 should be reported on a given day, no matter how many sites or regions are injected.
   - When a given site is injected, it will be considered one injection service regardless of the number of injections administered.
   - Acupuncture is not a covered service, even if provided for the treatment of an established trigger point. Use of acupuncture needles and/or the passage of electrical current through these needles is not covered
   - Prolotherapy is not a covered service, and billing under the trigger point injection code is a misrepresentation of the actual service performed.

2. **Transforaminal Epidural Injections**
   - Medical record documentation must support the medical necessity, frequency of transforaminal epidural injections and patient response. This documentation must be available upon request. Transforaminal Epidural Injections are not covered if not indicated or not medically necessary.
   - Transforaminal epidural injections, whether diagnostic or therapeutic, must be in keeping with the most current evidence-based practice guidelines.
   - Not indicated for low back pain associated with myofascial pain syndrome.
   - Not indicated for the treatment of a soft-tissue source of pain in which no nerve root pathology exists.
   - Due to the inherent risks associated with transforaminal epidural injections, physicians performing this service should have substantial and specific experience performing this procedure and a clear understanding of the risks involved.

- Fluoroscopic guidance or Computed Tomography (CT) guided imaging must be utilized in the performance of transforaminal epidural injections to ensure precise placement of the needle and medications.
- Provision of a transforaminal epidural injection and/or paravertebral facet joint injection on the same day as an interlaminar or caudal epidural/intrathecal injection sacroiliac joint injection, lumbar sympathetic block or other nerve block is considered not medically necessary. If more than one procedure is provided on the same day, physician/facilities will be paid for only one procedure.
- Therapeutic transforaminal epidural injections exceeding two levels (bilaterally) on the same day will be denied as not medically necessary. A maximum of three levels per region will be paid when billed unilaterally (indicated by appropriate modifier).
- Repeat therapeutic transforaminal epidural injections at the same level in the absence of a prior response demonstrating >50% relief of pain lasting at least six weeks, will be considered not medically necessary.
- Once a diagnostic transforaminal epidural block is negative at a specific level, no repeat interventions should be directed at that level and will be considered not medically necessary unless there is a new clinical presentation with symptoms, signs and diagnostic studies of known reliability and validity that implicate that level.
- Long-term multiple nerve blocks over a period of several weeks/months is not an effective method for chronic pain management – it is generally not considered reasonable and necessary to perform transforaminal epidurals consisting of more than four injections per region per year.
- General or monitored anesthesia is rarely required for these injections – the presence of an anesthesiologist/anesthetist is not considered medically necessary except in rare cases when a patient has a pre-existing unstable medical condition. If the patient is not medically stable and requires the presence of an anesthesiologist/anesthetist to undergo these injections then the procedure should not be performed in the office setting.
- The presence of an anesthesiologist/anesthetist may be required for patients with psychiatric diagnoses if their conditions prevent them from cooperating with the pain management team during the procedure (such as acute drug or alcohol intoxication or acute confusional state) and for those patients requiring unusual sedation or anesthesia.
- Anesthesia services provided as “standby” anesthesia services cannot be billed to the patient.
- Services by an anesthesiologist/anesthetist with administration of anesthesia for administration of these injections in the inpatient, outpatient, or ambulatory facility setting(ASC) where the only indication for the presence of these providers is

compliance with hospital or ASC policy, is considered not medically necessary and not eligible for reimbursement.

Background

Trigger point injection (TPI) is a procedure used for the management of chronic pain. TPI works by injecting a solution of an anesthetic, steroid, and/or anti-inflammatory intoextremely painful areas of muscle that contain trigger points or knots of muscle that form when muscles fail to relax. According to the Centers of Medicare and Medicaid (CMS), these trigger points are hyperirritative foci that may be present in any skeletal muscle in response to strain and appear as a knot or tight band of muscle. Compression of the trigger point may elicit tenderness, referred pain or a local twitch response. The goal of TPI is to inactivate the trigger point there by alleviating pain and restoring function to the area. Although trigger points only form in muscle, they can also irritate surrounding nerves and cause pain felt elsewhere in the body. The diagnosis of trigger points requires a thorough history and examination. CMS indicates the following as possible clinical symptoms: history of onset of pain and presumed cause, distribution pattern of pain consistent with pattern of trigger points, range of motion restriction, muscular deconditioning in affected areas, focal tenderness of trigger point, palpable taut band of muscle in which trigger point is located, and reproduction of referred pain pattern upon stimulation of trigger point. . Activation of trigger points is thought to be caused by acute or chronic muscle overload, activation by other trigger points, psychological stress, radiculopathy, or infection.

Myofascial pain syndrome (MPS) is a chronic pain condition characterized by the presence of multiple trigger points located in the muscle or surrounding tissue (muscle fascia). TPI is a useful therapy for patients with Myofascial pain syndrome who are unresponsive to other less invasive treatments such as massage, ultrasounds, analgesics, physical therapy, and range of motion exercises.

According to the Centers for Medicare and Medicaid (CMS), a transforaminal epidural injection is a neural blockade technique used in chronic pain management and can be used for diagnostic or therapeutic purposes. The primary diagnostic value of transforaminal epidural injections is to determine whether pain is somatic, visceral or functional. Therapeutic blocks are performed after the diagnosis is established, and include a local anesthetic test dose to confirm proper placement followed by the injection of anesthetic, antispasmodic and/or anti-inflammatory substances for the long-term control of pain.

A selective block is performed of the cervical, thoracic, lumbar or sacral nerve roots with proximal spread of contrast/local anesthetic through the neural foramen to the epidural space. Imaging is utilized to ensure the needle tip is placed within or adjacent to the

lateral margin of a neural foramen. Contrast material is injected to verify correct needle placement, determine abnormal filling patterns consistent with foraminal, lateral recess or nerve root pathology, and to identify unwanted vascular or intrathecal uptake. A small volume of local anesthetic is injected in order to perform a diagnostic, reproducible blockade of a specific nerve root.

CMS recommends a multi-disciplinary or collaborative comprehensive evaluation (e.g. orthopedics, neurologist, neurosurgeon, physiatrist, anesthesiologist, pain medicine specialist, and/or attending physician) be conducted prior to initiating a trial of these injections for the relief of chronic pain.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
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
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; cervical or thoracic, each additional level
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance; lumbar or sacral, each additional level
ICD-10 codes covered if selection criteria are met (covered for 20552 and 20553 only):	
M46.01	Spinal enthesopathy, occipito-atlanto-axial region
M46.02	Spinal enthesopathy, cervical region
M46.03	Spinal enthesopathy, cervicothoracic region
M46.04	Spinal enthesopathy, thoracic region
M46.05	Spinal enthesopathy, thoracolumbar region
M46.06	Spinal enthesopathy, lumbar region
M46.07	Spinal enthesopathy, lumbosacral region

M46.08	Spinal enthesopathy, sacral and sacrococcygeal region
M46.09	Spinal enthesopathy, multiple sites in spine
M53.82	Other specified dorsopathies, cervical region
M53.83	Other specified dorsopathies, cervicothoracic region
M53.84	Other specified dorsopathies, thoracic region
M53.85	Other specified dorsopathies, thoracolumbar region
M54.2	Cervicalgia
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.5	Low back pain
M60.80	Other myositis, unspecified site
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.829	Other myositis, unspecified upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.839	Other myositis, unspecified forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.849	Other myositis, unspecified hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot

M60.879	Other myositis, unspecified ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M75.80	Other shoulder lesions, unspecified shoulder
M75.81	Other shoulder lesions, right shoulder
M75.82	Other shoulder lesions, left shoulder
M76.31	Iliotibial band syndrome, right leg
M76.32	Iliotibial band syndrome, left leg
M76.811	Anterior tibial syndrome, right leg
M76.812	Anterior tibial syndrome, left leg
M77.51	Other enthesopathy of right foot
M77.52	Other enthesopathy of left foot
M77.9	Enthesopathy, unspecified
M79.0	Rheumatism, unspecified
M79.1	Myalgia, unspecified
M79.7	Fibromyalgia
ICD-10 codes covered if selection criteria are met (Covered for 64479, 64480, 64483, 64484 only):	
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.29	Other postherpetic nervous system involvement
C00.0-D49.9	Malignant neoplasm
G35	Multiple sclerosis
G54.0	Brachial plexus disorders
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders not elsewhere classified
G54.3	Thoracic root disorders not elsewhere classified
G54.4	Lumbosacral root disorders not elsewhere classified
G56.40	Causalgia of unspecified upper limb
G57.00	Lesion of sciatic nerve

G57.70	Causalgia of unspecified lower limb
G90.519	Complex regional pain syndrome I of unspecified upper limb
G90.529	Complex regional pain syndrome I of unspecified lower limb
G90.59	Complex regional pain syndrome I of other specified site
M48.02	Spinal stenosis, cervical region
M48.04	Spinal stenosis, thoracic region
M48.06	Spinal stenosis, lumbar region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region
M50.20	Other cervical disc displacement, unspecified cervical region
M50.30	Other cervical disc degeneration, unspecified cervical region
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Invrt disc disorders w radiculopathy, thoracic region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.30	Sciatica, unspecified side

M96.1	Postlaminectomy syndrome, not elsewhere classified
S12.9	Fracture of vertebral column without mention of spinal cord injury
S12.101A	Unsp nondisp fx of second cervical vertebra, init
S22.008A	Oth fracture of unsp thoracic vertebra, init for clos fx
S22.009	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S32.008A	Oth fracture of unsp lumbar vertebra, init for clos fx
S32.009	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S14.2	Injury of nerve root of cervical spine, initial encounter
S24.2	Injury of nerve root of thoracic spine, initial encounter
S34.21	Injury of nerve root of lumbar spine, initial encounter
S34.22	Injury of nerve root of sacral spine, initial encounter
Z48.89	Encounter for other specified surgical aftercare

References

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2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L35010 - Trigger Point Injections. (Contractor: Novitas Solutions, Inc.) Revision Effective Date: 01/01/2020. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=35010&ver=34&bc=CAAAAAAAAAAA
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Archived References

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