

## MEDICAL POLICY – 2.01.537

# Trigger Point and Transforaminal Epidural Injections

Ref. Policy: PA-098

Effective Date: July 1, 2024

Last Revised: June 24, 2024


Replaces: N/A

RELATED MEDICAL POLICIES:

None

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## Introduction

Trigger point injections (TPI) and transforaminal epidural injections are treatments used to manage chronic pain. These injections contain a solution of a pain-numbing, steroid, and/or anti-inflammatory medication. TPIs are given to painful areas of muscle that contain trigger points or knots of muscle that form when muscles fail to relax. An epidural is an injection that is given in the space just outside the membrane that protects the spinal cord. A transforaminal epidural injection numbs the spinal nerves and can also be used to diagnose the type of pain the individual is experiencing. This policy describes when trigger point and transforaminal epidural injections may be considered medically necessary.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

Injection	Medical Necessity
<p><b>Trigger point injections</b></p>	<p><b>Trigger point injections may be considered medically necessary for the following indications:</b></p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• As a bridging therapy to relieve pain while other treatments are also initiated such as medication or physical therapy</li> <li>• As a single therapeutic maneuver when joint movement is mechanically blocked (i.e., coccygeus muscle)</li> </ul> <p><b>Note:</b> See Related Information below for <a href="#">Limitations</a></p>
<p><b>Transforaminal epidural injections</b></p>	<p><b>Transforaminal epidural injections may be considered medically necessary for the following:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic Indications: <ul style="list-style-type: none"> <li>○ When there is a question of intercostal neuralgia versus thoracic facet syndrome</li> <li>○ When radiologic studies have demonstrated an abnormality limited to an adjacent nerve root</li> <li>○ 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 disc disease versus a causalgia-like syndrome from an old, chronic knee injury)</li> <li>○ 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).</li> <li>○ To determine if the cause of pain is central or peripheral as in leg pain following a spinal cord injury</li> </ul> </li> <li>• Therapeutic Indications: <ul style="list-style-type: none"> <li>○ When radicular pain is resistant to, or there is a contraindication to other therapeutic measures (such as non-narcotic analgesic, physical therapy, etc.)</li> </ul> </li> </ul>



Injection	Medical Necessity
	<ul style="list-style-type: none"> <li>○ When surgery is contraindicated</li> <li>○ When treatment of acute herpes zoster pain or post-herpetic neuralgia is needed</li> <li>○ When there is reflex sympathetic dystrophy (RSD), causalgia or a complex regional pain syndrome I and II, in lieu of a sympathetic blockade</li> <li>○ When there is monoradicular pain confirmed by diagnostic blockade in which a surgically correctable lesion cannot be identified</li> <li>○ When post-decompressive radiculitis or post-surgical scarring exists</li> </ul> <p><b>Note:</b> See Related Information below for <a href="#">Limitations</a></p>

## Coding

Code	Description
<b>CPT</b>	
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 (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

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### Limitations

#### Trigger Point Injections (TPI)

- 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 individual's 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.
- Prolotherapy is not a covered service, and billing under the trigger point injection code is a misrepresentation of the actual service performed.

#### Transforaminal Epidural Injections

- Medical record documentation must support the medical necessity, frequency of transforaminal epidural injections and individual's 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 an individual has a pre-existing unstable medical condition. If the individual 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 individuals 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 confused state) and for those individuals requiring unusual sedation or anesthesia.

- Anesthesia services provided as “standby” anesthesia services cannot be billed to the individual.
- 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.

## Evidence Review

### 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 into extremely 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 hyperirritable 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 individuals 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 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.

## References

1. Armon C, Argoff CE, Samuels J, et al. - Assessment: use of epidural steroid injections to treat radicular lumbosacral pain: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology* 2007 Mar; 68(10):723-729. DOI: 10.1212/01.wnl.0000256734.34238.e7. <https://pubmed.ncbi.nlm.nih.gov/17339579/>. Accessed May 21, 2024.
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L35010 - Trigger Point Injections. (Contractor: Novitas Solutions, Inc.) Revision Effective Date: 09/01/2022. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35010&ver=40&bc=0>. Accessed May 21, 2024.
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34588 – Trigger Points, Local Injections (Contractor: Wisconsin Physicians Service Insurance Corporation) Revision Effective Date: 08/31/2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34588&ver=28&bc=CAAAAAAAAAAA>. Accessed May 21, 2024.
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34892– Transforaminal Epidural, Paravertebral Facet and Sacroiliac Joint Injections (Contractor: Novitas Solutions, Inc.) Revision Effective Date:



04/25/2021. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34892&ver=113&bc=0>. Accessed May 21, 2024.

- Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L39054 – Epidural Steroid Injections for Pain Management. Revision Effective Date: 11/30/2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39054&ver=5&bc=0>. Accessed May 21, 2024.
- Chou R, Huffman LH. Guideline for the Evaluation and Management of Low Back Pain- Evidence Review. American Pain Society. October 2007- May 2009. <https://www.scribd.com/document/119045326/Guidelines-for-Evaluation-and-Management-of-LBP>. Accessed May 21, 2024.

## History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Trigger Point Injections may be considered medically necessary to treat myofascial pain syndrome, as a bridging therapy to relieve pain and as a single therapeutic maneuver for mechanically blocked joints when criteria are met. Transforaminal epidural injections may be considered medically necessary for the diagnostic and therapeutic indications as listed in this policy.
01/01/21	Annual review, approved, December 1, 2020. No changes to policy statement, references updated.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 13, 2022. No changes to policy statement, references updated.
11/01/22	Interim Review, approved October 10, 2022. No changes to policy statement, references updated. Removed bullet regarding acupuncture under Limitations. Changed the wording from "patient" to "individual" throughout the policy for standardization.
01/01/24	Annual Review, approved December 11, 2023. No changes to policy statement, references updated.
07/01/24	Annual Review, approved June 24, 2024. No changes to policy statement, references updated.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.





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**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

