

Medical Coverage Policy

Policy Number – MP22-022E

Original review date – 04/15/2022

Effective date – 10/23/2024

Trigger point injections

Background

Trigger points are discrete, focal, hyperirritable spots located in a taut band of skeletal muscle. Trigger points produce pain both locally, and radiating. They are formed in the myofascial as a result of severe, acute trauma, or repetitive microtrauma.

Trigger point injections involve the application of a local anaesthetic, with or without a corticosteroid, into the trigger point. Dry needling involves inserting a needle into the myofascial trigger point, in an attempt to inactivate it, thereby decreasing the associated pain. As the name suggests, dry needling does not involve injection of any medication or fluid.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Trigger point injections may be considered medically necessary for the following indications:

- I. Presence of symptomatic, palpable trigger point
- II. Failure to improve after 12 consecutive weeks of conservative treatment including all of the following:
 - a. Activity/lifestyle modification
 - b. Anti-inflammatory and analgesic medications as appropriate
 - c. Physical therapy

Repeat injections at the same points may be considered medically necessary if:

- I. Significant improvement, defined as at least 50% reduction in pain, has occurred after the initial injections; AND
- II. Return of pain in the same area has occurred

Limitation of coverage

- I. Trigger point injections may not be covered for the treatment of migraine headaches per TRICARE [policy](#)
- II. Pain relief lasting less than a day is considered failure of treatment and further injections are not likely to be beneficial
- III. Repeat injections in the absence of clinical improvement (at least 50% reduction in pain) are not considered reasonable and necessary

IV. Dry needling is excluded as unproven per TRICARE [policy](#)

TRICARE Policy Manual (TPM) Chapter 4, Section 6.1 Ch. 4, Sec. 6.1

5.0 EXCLUSIONS

5.3 Trigger point injection (CPT procedure codes 20552 and 20553) for migraine headaches.

TPM Ch. 4, Sec. 20.1

3.0 EXCLUSIONS

3.12 The following treatments for chronic intractable headache or migraine pain are unproven:

- Trigger point injection
- Sphenopalatine ganglion block (CPT procedure code 64505)
- Cryoablation of Occipital Nerve (CPT procedure code 64640)
- Deep brain neurostimulation
- Spinal cord neurostimulation
- Implantation of Occipital Nerve Stimulator

TPM Ch. 7, Sec. 18.2

4.0 Exclusions

4.18 Dry Needling (DN) is considered unproven

Coding information

20552	Injection(s); single or multiple trigger point(s), one or two muscle(s)
20553	Injection(s); single or multiple trigger point(s), three or more muscles

References

1. TRICARE Policy Manual Chapter 4, Section 6.1 [TRICARE Manuals - Manual Information \(health.mil\)](#)
2. TRICARE Policy Manual Chapter 4, Section 20.1 [TRICARE Manuals - Manual Information \(health.mil\)](#)
3. Uptodate, Inc. Chronic Pain in Adult Females: Treatment. Last updated: March 15, 2023

Revision History:

November 2023:

- Added criteria for repeat indications
- Updated references

October 2024:

- Added exclusion of dry needling
- Updated references

Approved by:



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Chief Medical Officer

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