Trigger Point Injections

Policy Number:	**M20250721069**
Effective Date:	**9/1/2025**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☐Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for trigger point injections.

Policy:

Background

Myofascial pain syndrome is a condition that affects the connective tissue that surrounds muscles and is marked by ongoing pain and inflammation. A major feature of this disorder is the development of one or more myofascial trigger points (TPs) within the muscle or its surrounding fascia. These trigger points are highly sensitive, tender spots located in a tight, firm band of skeletal muscle. When these points are palpated or stimulated with a needle, they can produce localized pain and soreness, along with disruptions in muscle function and involuntary autonomic responses. Trigger point injections deliver anesthetic or steroids into the trigger point(s) to relieve pain and enhance range of motion of the muscle.

Commercial and Self-Funded: Trigger point injections with a local anesthetic, with or without steroid, may be covered utilizing the criteria below.

Medicare Advantage: There is currently a Local Coverage Determination (LCD) and Local Coverage Article (LCA) for trigger point injections. Please refer to the link listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan: MediSource, MediSource Connect, Child Health Plus and Essential Plan cover trigger point injections utilizing the Commercial and Self-Funded criteria below.

Clinical Indications

Trigger point injections with a local anesthetic, with or without steroid, may be considered medically necessary and a covered benefit when **ALL** of the following criteria are met:

- General Criteria: Diagnosis/stabilization of trigger points with injections of corticosteroids and/or local anesthetics at the trigger point is needed and **ALL** of the following:
    - The member has myofascial pain that has persisted for more than three months causing **1 or more** of the following:
        - Tenderness
        - Weakness
        - Restricted motion
        - Referred pain when compressed
    - The member has failed ≥ 3 weeks of conventional multidisciplinary medical therapy including **ALL** of the following:
        - Chiropractic, physical therapy, or prescribed home exercise program or the member is unable to tolerate such therapy and the injection is intended as a bridge to therapy
        - NSAID, unless contraindicated or not tolerated

        - Activity modification
    - Trigger points have been identified by palpation
    - Trigger points are located in a few discrete areas and are not associated with widespread areas of muscle tenderness (as with fibromyalgia)
    - Injections are not being used as sole method of treatment, rather are intended for pain relief to facilitate mobilization to allow non-invasive modalities, e.g., physical therapy and other alternate therapies that address muscle strengthening, flexibility, and functional restoration
- **ALL** of the following special criteria:
    - Pain complaint or altered sensation in the expected distribution of referred pain from a trigger point
    - A taut band is palpable in an accessible muscle when the trigger point is myofascial
    - Exquisite spot tenderness is present at one point along the length of the taut band when the pain is myofascial
    - Some degree of restricted range of motion of the involved muscle or joint, when measurable
    - The above specific criteria are associated with at least **1 of the following** minor criteria:
        - Reproduction of clinical pain complaint or altered sensation by pressure on the tender spot
        - Local response (twitch) elicited by snapping palpation at the tender spot or by needle insertion into the tender spot
        - Pain alleviation by elongating (stretching) the muscle or by injecting the tender spot

NOT COVERED for **ANY** of the following:

- Trigger point injections beyond twelve (12) per benefit year are considered not medically necessary
- Dry needle stimulation of trigger points is considered investigational
- Trigger point injection with saline or glucose is considered investigational
- The use of Botox during trigger point injections is considered investigational

Pre-Authorization Required? Yes ☐ No☒

Pre-authorization is not required at the present time. Criteria above will be utilized upon retro-review.

Definitions

Episode Treatment Period is defined as a twelve-month period from the initiation of injections.

Myofascial pain is a chronic condition characterized by pain and inflammation of the connective tissue (i.e., fascia) surrounding the muscles.

Trigger point injection (TPI) therapy is used for the treatment of myofascial pain syndrome, which is characterized by trigger points or knots of muscles that fail to relax. The goal of TPI therapy is to deliver local anesthetic, steroids, saline, or simply a needle into the trigger point and thereby relieve pain and improve range of motion of the affected muscle.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references

Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society [published correction appears in Ann Intern Med. 2008 Feb 5;148(3):247-8.. Ann Intern Med. 2007;147(7):478-491.

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Cummings TM, White AR. Needling therapies in the management of myofascial trigger point pain: a systematic review. Arch Phys Med Rehabil. 2001;82(7):986 to 992.

Espejo-Antúnez L, Tejeda JF, Albornoz-Cabello M, et al. Dry needling in the management of myofascial trigger points: A systematic review of randomized controlled trials. Complement Ther Med. 2017;33:46 to 57.

Gerwin R. Botulinum toxin treatment of myofascial pain: a critical review of the literature. Curr Pain Headache Rep. 2012;16(5):413 to 422. doi:10.1007/s11916-012-0287-6.

Isaac Z. Management of non-radicular neck pain in adults. UpToDate. www.uptodate.com. Updated January 29, 2026.

Langevin P, Lowcock J, Weber J, et al. Botulinum toxin intramuscular injections for neck pain: a systematic review and metaanalysis. J Rheumatol. 2011;38(2):203 to 214.

North American Spine Society (NASS). Evidence-based clinical guidelines for multidisciplinary spine care: diagnosis and treatment of low back pain. 2020. https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf.

Scott NA, Guo B, Barton PM, Gerwin RD. Trigger point injections for chronic nonmalignant musculoskeletal pain: a systematic review. Pain Med. 2009;10(1):54 to 69.

Staal JB, de Bie RA, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. Spine (Phila Pa 1976). 2009;34(1):49 to 59.

Staal JB, de Bie R, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low-back pain. Cochrane Database Syst Rev. 2008;2008(3):CD001824. Published 2008 Jul 16.

Symplr, Inc., Trigger Point Injections for Myofascial Pain. Houston, TX: December 2013.

Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. Local Coverage Article: Billing and Coding: Trigger Point Injections (TPI) (A59487). Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59487&ver=14& Accessed July 14, 2026.

Centers for Medicare and Medicaid Services (CMS) [web site]. Local Coverage Determination (LCD): Trigger Point Injections (TPI) (L39662). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39662&ver=5 Accessed July 14, 2026.

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 5- Surgery. Version April 2026 . Available at: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect5.pdf Accessed July 14, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
9/1/2026	Health Care Services	Revised