# Medical Coverage Policy

**Effective Date.....7/15/2025**
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**Coverage Policy Number..... 0139**

# Ultrasound Guidance for Trigger Point Injections

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## Related Coverage Resources

Acupuncture
Botulinum Therapy
Interventional Pain Management Procedures

***INSTRUCTIONS FOR USE***

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers*

*must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

## Overview

This Coverage Policy addresses the use of ultrasound guidance for trigger point injections.

## Coverage Policy

**Ultrasound guidance (CPT® code 76942) for trigger point injections is not covered or reimbursable.**

## Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

## General Background

Trigger point injection therapy involves the injection of anesthetic or corticosteroids into distinct, focal hyper-irritable spots (i.e., trigger points) located in a tight band of skeletal muscle. Myofascial pain syndrome is a chronic form of muscle pain centered near trigger points. Palpable nodules may be present in the taut band of the muscle which become painful when the tender zone is stimulated. Pain may be perceived at the site of the trigger point or can be referred to other parts of the body, including the back and neck. Based on the available evidence and specialty society recommendations and guidelines, trigger point injections may be appropriate for selected patients with persistent chronic back, neck or myofascial pain despite appropriate conservative treatment. These injections may provide short-term improvement and allow a determination as to whether conservative treatment will be successful.

**Ultrasound Guidance for Trigger Point Injections**
Fluoroscopic or computed tomography guidance is performed with some types of injections used to diagnose and treat back and neck pain (e.g., epidural steroid injections, facet joint injections), to identify the surrounding structures and to ensure accurate needle placement to the target area. Guidance has also been proposed for the administration of trigger point injections.

The primary method of identifying a trigger point is through manual examination using a palpation technique; palpating the band leads to a local twitch response (LTR) where contraction of the muscle fibers in the taut band is observed. The use of ultrasound has been investigated to identify

the trigger point and to visualize the twitch response resulting from the injection. Particularly for deep muscles, such as the lower back, it has been purported the use of ultrasound may be clinically useful to identify the LTR and therefore improve the efficacy of the injection (Rha, et al., 2011).

Evidence in the published medical literature evaluating the efficacy of adding ultrasound or other guidance to trigger point injections is primarily limited to pilot studies, case reports, case series, case control studies and literature reviews (Farrow, et al., 2023; Kang, et al., 2019; Kumbhare, et al., 2016; Shin, et al., 2014; Shankar and Reddy, 2012; Rha, et al., 2011; Sikdar, et al., 2009; Botwin, et al., 2008; Lewis and Tehan, 1999). Sample populations are small and reported clinical outcomes are inconsistent. A majority of comparative trials compare ultrasound guided trigger point injections to other non-trigger point forms of treatment, and thus lack appropriate controls to assess the specific benefit of ultrasound guidance. In the absence of well-designed comparative clinical trials evaluating the efficacy of trigger point injections with and without guidance, strong evidence-based conclusions cannot be made. Further clinical validation is necessary to support improved health outcomes with the use of ultrasound guidance for trigger point injections.

**Professional Societies/Organizations**
**American Society of Regional Anesthesia and Pain Medicine (ASRA)/American Academy of Pain Medicine (AAPM)/American Society of Interventional Pain Physicians (ASIPP)/International Pain and Spine Intervention Society (IPSIS)/North American Spine Society (NASS):** In 2024, these societies published guidelines on the use of corticosteroids for chronic pain interventions in adults, and specifically addressed sympathetic and peripheral nerve blocks, and trigger point injections. The committee followed the United States Preventive Services Task Force (USPSTF) grades and levels of certainty paradigm* to evaluate available evidence and develop recommendations. Regarding trigger point injections, the guidelines presented the following statements and recommendations (Benzon, et al., 2024):

- Ultrasound can visualize neurovascular structures and may result in more accurate targeting of trigger point injections in deeper anatomic locations (Level of certainty: moderate)
- The addition of corticosteroid to a local anesthetic does not result in increased benefit that outweighs the potential risks (Level of certainty: moderate)
- Trigger point injections can be conducted based on palpation alone or with ultrasound, which may improve accuracy of injection (Grade: C)
- Clinicians may consider ultrasound guidance for trigger point injections conducted in areas near high-risk tissues (risk of neural, vascular, pulmonary, or visceral injury) or in trigger points located in deeper anatomic locations (Grade: C)
- The use of local anesthetic alone should be considered for trigger point injections (Grade: B)

The cited literature in support of the above statements and recommendations consisted of literature reviews, case studies and small case series, a case-control study, and a small feasibility trial.

*Definitions:
- Grade B: The USPSTF recommends the service. There is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial.
- Grade C: The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.

- Level of Certainty—Moderate: The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: the number, size, or quality of individual studies, inconsistency of findings across individual studies, limited generalizability of findings to routine primary care practice, lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.

## Medicare Coverage Determinations

| | Contractor | Determination Name/Number | Revision Effective Date |
|---|---|---|---|
| NCD | National | No Determination found | |
| LCD | Multiple LCDs | Trigger Point Injections | Varies |

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination.)

## Coding Information

**Notes:**

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Ultrasound Guidance for Trigger Point Injections**

**Not Covered or Reimbursable when used for guidance with trigger point injections:**

| CPT®* Codes | Description |
|---|---|
| 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation |



## References

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## Revision Details

| Type of Revision | Summary of Changes | Date |
|---|---|---|
| Annual Review | • Removed policy statements for diagnostic and therapeutic trigger point injections.<br>• Title change. | 7/15/2025 |
| Focused Review | • Removed policy statements for intradiscal injections, thermal intradiscal procedures, percutaneous laminectomy and decompression spinal procedures, annular repair devices, intraosseous basivertebral nerve ablation (Intracept), and vertebral body tethering.<br>• Title change. | 11/1/2024 |
| Annual Review | • Added policy statement for total trigger point injections in a rolling 12-month period.<br>• Added policy statement for ultrasound for trigger point injections. | 10/15/2024 |

| Type of Revision | Summary of Changes | Date |
|---|---|---|
| Focused Review | • Revised policy statement for basivertebral nerve ablation.<br>• Added not medically necessary statement for basivertebral nerve stimulation. | 11/15/2023 |