

Subject:	Trigger Point Injections		
Policy Number:	PO-RE-091v1		
Effective Date:	07/01/2021	Last Approval Date:	12/18/2023

I. Policy Description

Healthfirst aims to ensure that its reimbursement policy for trigger point injections aligns with state and national industry standards. This policy outlines the limitations and guidelines for the reimbursement of trigger point injections provided to Healthfirst members. Providers must adhere to the policy guidelines when submitting claims for reimbursement.

The reimbursement limitation is based on the CMS policy outlined in LCD L35010 Jurisdiction H-L. According to this policy, it is generally expected that trigger point injections are not performed more frequently than three sessions in a three-month period. If additional trigger point injections are performed within this timeframe, the medical record must clearly indicate the reason for repeated performance and the substances injected. This information should be available to Healthfirst upon request.

Policy Scope:

Healthfirst will not reimburse more than three (3) trigger point injections for service codes 20552 and 20553 within a 90-day period for a single member.

Reimbursement Guidelines:

1. Healthcare providers must adhere to this policy when submitting claims for trigger point injections to Healthfirst. Failure to comply with the policy guidelines may result in claim denials or recoupment of overpaid amounts.
2. This policy is not an authorization or guarantee of payment. Reimbursement is subject to member eligibility, program coverage, and medical necessity at the time the service is provided.

In Scope Lines of Business:

Medicaid, Child Health Plus, Personal Wellness Plan (HARP), Essential Plans, Leaf and Leaf Premier Plans, Pro Plus EPO Plans, Signature PPO, Signature HMO, 65 Plus Plan (HMO),



Increased Benefits Plan (HMO), Life Improvement Plan (HMO D-SNP), CompleteCare (HMO D-SNP), Connection Plan (HMO D-SNP), Senior Health Partners (MLTC)

II. Applicable Codes

Code	Description	Comment
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	

III. Definitions

Term	Meaning

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

VI. Revision History

Revision Date	Summary of Changes

Disclaimer

Healthfirst’s claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst’s coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor’s revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider’s participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.