



American Association of  
**NURSE ANESTHESIOLOGY**

March 24, 2026

Electronic Submission via: [ProposedLCDComments@novitas-solutions.com](mailto:ProposedLCDComments@novitas-solutions.com)

Novitas Solutions, Inc.  
Medical Affairs  
Suite 100  
2020 Technology Parkway  
Mechanicsburg, PA 17050

RE: Draft Local Coverage Determination for Trigger Point Injections (DL35010)

To Whom It May Concern:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on the Novitas Solutions, Inc. (Novitas), draft local coverage determination (LCD) for Trigger Point Injections (TPIs) (DL35010). This proposed LCD limits coverage for TPIs to no more than 3 sessions in a rolling 12-month period, and denies coverage for TPIs when performed with ultrasound, fluoroscopy, or MRI guidance. If finalized as proposed, this proposed LCD could limit patient access to proven therapies, exacerbate health disparities, and increase reliance on opioids or more invasive options. Specifically, AANA offers the following recommendations and comments:

- Revise the draft LCD to expand coverage for TPI sessions beyond three sessions within a rolling 12-month period when there is documented clinical indication demonstrating medical necessity for additional treatments.
- Revise the draft LCD to provide coverage for TPIs when performed using ultrasound guidance, when clinically appropriate.

AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 69,000 CRNAs and SRNAs, representing about 88 percent of the nurse anesthetists in the United States.

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CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 58 million anesthetics to patients each year in the United States.<sup>1</sup> AANA members have previously served as subject matter experts (SME) on the development of draft LCDs related to chronic pain management as part of Multi-jurisdictional Contractor Advisory Committee (CAC) meetings. CRNAs are recognized for the vital role in providing patient focused, comprehensive pain care in communities throughout the United States.

**AANA Request: Revise the draft LCD to expand coverage for TPI sessions beyond three sessions within a rolling 12-month period when there is documented clinical indication demonstrating medical necessity for additional treatments.**

We request that Novitas revise the draft LCD to expand coverage for TPI sessions beyond three sessions within a rolling 12-month period when there is documented clinical indication demonstrating medical necessity for additional treatments. AANA is concerned that DL35010 improperly restricts access to essential trigger point injections (TPIs) for Medicare beneficiaries with chronic pain, by deeming more than four (4) TPI sessions as "not reasonable and necessary" without sufficient consideration of emerging evidence. This current proposal could disproportionately affect vulnerable populations experiencing chronic pain.

Evidence from clinical trials suggests that a limited number of TPI sessions may not provide sufficient relief for some patients with myofascial pain, particularly when the condition is chronic or recurrent. Multiple peer-reviewed studies demonstrate that effective treatment protocols often involve repeated injections delivered over several sessions, with improvements in pain and function accumulating across treatments.

Randomized controlled trials have frequently used three to five TPIs administered within a short treatment course. One randomized control trial found that patients receiving five lidocaine trigger point injections experienced significantly greater reductions in headache frequency, intensity, and duration compared with those receiving a single injection or saline.<sup>2</sup> Similarly, in a prospective observational study evaluating treatment for patients with chronic neck pain from trapezius trigger points, weekly injections for 4 weeks with lidocaine demonstrated a significant reduction in neck pain at 6-month follow-up, especially when multiple sites were treated.<sup>3</sup> Earlier

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<sup>1</sup> For further information see: <https://www.aana.com/about-us>

<sup>2</sup> Karadaş, Ö., Gül, H. L., & Inan, L. E. (2013). Lidocaine injection of pericranial myofascial trigger points in the treatment of frequent episodic tension-type headache. *The Journal of Headache and Pain*, 14(1), 44. <https://doi.org/10.1186/1129-2377-14-44>

<sup>3</sup> Xie, P., Qin, B., Yang, F., Yu, T., Yu, J., Wang, J., & Zheng, H. (2015). Lidocaine Injection in the Intramuscular Innervation Zone Can Effectively Treat Chronic Neck Pain Caused by MTrPs in the Trapezius Muscle. *American Society of Interventional Pain Physicians* 18(5), E815–E826. <https://www.painphysicianjournal.com/current/pdf/MjQxNQ%3D%3D91/Article-PDF>

research has also demonstrated that effective inactivation of trigger points often requires repeated needle insertions and targeting of multiple trigger points.<sup>4</sup>

Together, these findings suggest that clinical response to TPIs frequently depends on repeated treatments. Because myofascial pain is often chronic or recurrent, some patients require additional injections when symptoms return. Coverage limits restricting TPIs to no more than three sessions in a rolling 12-month period may therefore prevent patients from completing treatment regimens similar to those evaluated in clinical studies, potentially leaving some individuals with ongoing pain and functional impairment.

**AANA Request: Revise LCD to provide coverage for trigger point injections (TPIs) when performed using ultrasound guidance, when clinically appropriate**

We request that Novitas revise the draft LCD to provide coverage for TPIs when performed using ultrasound guidance, when clinically appropriate. The proposed restriction on coverage for ultrasound guidance is overly restrictive, particularly for injections at more complex anatomical sites where precision is critical. Imaging modalities such as ultrasound serve as a direct harm-reduction tool, enhancing needle placement accuracy through real-time visualization that allows clinicians to confirm delivery within the target muscle, identify nearby vascular structures, and avoid critical adjacent anatomy. This is especially important for thoracic- and cervicothoracic-region injections, where surrounding structures and deeper musculature may make palpation-based techniques less reliable and increase the risk of complications such as inadvertent intravascular injection or pneumothorax. Limiting coverage for image guidance in these cases removes an important safety mechanism, potentially reducing procedural precision and impacting the effectiveness of the TPI for Medicare beneficiaries.

While the draft LCD cites moderate evidence indicating that TPIs can be performed using palpation alone, it underestimates the value of image guidance. Evidence presented in the literature, along with the clinical experience of practicing CRNAs, suggests that ultrasound guidance can enhance the precision, safety, and clinical effectiveness of injection-based treatments for musculoskeletal pain conditions, including TPIs. Several studies have demonstrated that ultrasound guidance can improve the accuracy, safety, and clinical outcomes of TPIs, particularly when targeting deeper musculature or anatomically complex regions. For example, a randomized study of patients with upper trapezius myofascial pain found that ultrasound-guided TPIs significantly reduced pain scores and improved cervical range of motion, with no serious adverse events reported during follow-up.<sup>5</sup>

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<sup>4</sup> Hong C. Z. (1994). Lidocaine injection versus dry needling to myofascial trigger point. The importance of the local twitch response. *American Journal of Physical Medicine & Rehabilitation*, 73(4), 256–263.

<https://doi.org/10.1097/00002060-199407000-00006>

<sup>5</sup> Tantanatip, A., Patisumpitawong, W., & Lee, S. (2021). Comparison of the Effects of Physiologic Saline Interfascial and Lidocaine Trigger Point Injections in Treatment of Myofascial Pain Syndrome: A Double-Blind Randomized Controlled Trial. *Archives of rehabilitation research and clinical translation*, 3(2), 100119.

<https://doi.org/10.1016/j.arrct.2021.100119>

Similarly, a randomized clinical trial evaluating ultrasound-guided myofascial hydrodissection compared with lidocaine TPI demonstrated significant reductions in pain and disability scores over a 12-week follow-up period, with both approaches showing favorable safety profiles.<sup>6</sup> Other randomized research has demonstrated that combining ultrasound-guided TPIs with other therapies may further enhance outcomes. In one study of patients with upper trapezius myofascial pain syndrome, the group receiving shockwave therapy plus ultrasound-guided TPIs experienced greater reductions in pain, functional disability, and muscle stiffness than those receiving shockwave therapy alone.<sup>7</sup>

In addition to clinical outcomes, image guidance provides important procedural advantages. Early work describing ultrasound-guided TPIs in the cervicothoracic musculature highlighted that real-time visualization allows confirmation of needle placement within muscle tissue and helps avoid adjacent structures, reducing risks such as pneumothorax that can occur with misplaced injections in thoracic regions.<sup>8</sup>

More broadly, systematic reviews of musculoskeletal injections show that ultrasound-guided injections produce significantly greater short-term pain reduction and improved range of motion compared with landmark-guided injections, supporting the value of image guidance in improving injection accuracy and outcomes.<sup>9</sup> As such we request that Novitas revise the LCD to provide coverage for TPIs when performed using ultrasound guidance, when clinically appropriate.

We thank you for the opportunity to comment on this draft LCD. Should you have any questions regarding these matters, please feel free to contact Romy Gelb-Zimmer, AANA Director of Regulatory Affairs at [rgelb-zimmer@aana.com](mailto:rgelb-zimmer@aana.com).

Sincerely,



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<sup>6</sup> Chen, Y., Liu, S., Sun, Y., & Wang, Q. (2025). Efficacy of ultrasound-guided myofascial hydrodissection technique in myofascial pain syndrome of upper trapezius: a randomized controlled trial. *Scientific Reports*, 15(1), 33444. <https://doi.org/10.1038/s41598-025-19107-2>

<sup>7</sup> Anwar, N., Li, S., Long, L., Zhou, L., Fan, M., Zhou, Y., Wang, S., & Yu, L. (2022). Combined effectiveness of extracorporeal radial shockwave therapy and ultrasound-guided trigger point injection of lidocaine in upper trapezius myofascial pain syndrome. *American Journal of Translational Research*, 14(1), 182–196. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8829647/>

<sup>8</sup> Botwin, K. P., Sharma, K., Saliba, R., & Patel, B. C. (2008). Ultrasound-guided trigger point injections in the cervicothoracic musculature: a new and unreported technique. *Pain Physician*, 11(6), 885–889. <https://www.painphysicianjournal.com/current/pdf/MTE2MQ%3D%3D46/Article-PDF>

<sup>9</sup> Sage, W., Pickup, L., Smith, T. O., Denton, E. R., & Toms, A. P. (2013). The clinical and functional outcomes of ultrasound-guided vs landmark-guided injections for adults with shoulder pathology: A systematic review and meta-analysis. *Rheumatology*, 52(4), 743–751. <https://www.ncbi.nlm.nih.gov/books/NBK132928>

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