

# **LCD for Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L30153)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier – MAC – FI

## **LCD Information**

### **LCD ID Number**

L30153

### **LCD Title**

Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma

### **Contractor's Determination Number**

MS-007

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

PUB 100-03 Medicare National Coverage Determinations (NCD) Manual- Chapter 1 Section:

30.3 - Acupuncture

150.6 -Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc of the Foot

150.7 - Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents

## **Oversight Region**

Region V

## **Original Determination Effective Date**

For services performed on or after 10/16/2009

## **Original Determination Ending Date**

## **Revision Effective Date**

For services performed on or after 10/16/2009

## **Revision Ending Date**

## **Indications and Limitations of Coverage and/or Medical Necessity**

Indications and Limitations of Coverage and/or Medical Necessity

Injection of a tendon sheath, ligament, or tendon origin/insertion, ganglion cysts or neuromas will be considered medically reasonable and necessary to relieve pain or dysfunction due to inflammation or other pathological changes in those structures. Proper use of this modality with local anesthetics and/or steroids should be short-term, as part of an overall management plan including diagnostic evaluation, in order to clearly identify and properly treat the primary cause.

These injections are covered:

1. When other conservative therapy has not provided acceptable relief, is contraindicated or not appropriate.
2. When there is reasonable likelihood that the injection will significantly improve the patient's pain and/or functional disability.

The term "Morton's neuroma" is used to refer to a swollen inflamed nerve in the ball of the foot, including the more specific conditions of Morton's neuroma (lesion within the third intermetatarsal space), Heuter's neuroma (first intermetatarsal space), Hauser's neuroma (second intermetatarsal space) and Iselin's neuroma (fourth intermetatarsal space). This LCD applies to any of the neuroma injections.

Injection of a carpal tunnel or tarsal tunnel

Injection of a carpal tunnel or tarsal tunnel may be indicated for the patient with mild to moderate symptoms when pharmaceutical and other conservative measures have failed or are not otherwise indicated.

## **Non-covered Services**

1. Per national Medicare regulation Prolotherapy is not a covered service please see NCD 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents.
2. "Dry needling" of ganglion cysts, ligaments, neuromas, tendon sheaths and their origins/insertions are non covered services.

3. Vitamin B12 injections to strengthen tendons, ligaments, etc., of the foot are not covered. See NCD 150.6

### Coding Information

#### Bill Type Codes:

**Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.**

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
75x	Clinic-CORF
83x	Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPTS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

#### Revenue Codes:

**Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.**

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Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

Revenue codes 096X, 097X and 098X are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI using revenue codes 096X, 097X or 098X.

0360	Operating room services-general classification
0450	Emergency room-general classification
049X	Ambulatory surgical care-general classification
050X	Outpatient services-general classification (deleted 9/93)
051X	Clinic-general classification
052X	Free-standing clinic-general classification
0761	Specialty Services - Treatment Room (effective 08/10/09)
096X	Professional fees-general classification

### **CPT/HCPCS Codes**

20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION
28899	UNLISTED PROCEDURE, FOOT OR TOES
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)
64632	

DESTRUCTION BY NEUROLYTIC AGENT;  
PLANTAR COMMON DIGITAL NERVE

**ICD-9 Codes that Support Medical Necessity**

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

Use 355.6 for Morton's metatarsalgia, neuralgia, or neuroma

354.0	CARPAL TUNNEL SYNDROME
355.5	TARSAL TUNNEL SYNDROME
355.6	LESION OF PLANTAR NERVE
719.41	PAIN IN JOINT INVOLVING SHOULDER REGION
719.46	PAIN IN JOINT INVOLVING LOWER LEG
720.0	ANKYLOSING SPONDYLITIS
720.1	SPINAL ENTHESOPATHY
720.2	SACROILIITIS NOT ELSEWHERE CLASSIFIED
720.81	INFLAMMATORY SPONDYLOPATHIES IN DISEASES CLASSIFIED ELSEWHERE
720.89	OTHER INFLAMMATORY SPONDYLOPATHIES
720.9	UNSPECIFIED INFLAMMATORY SPONDYLOPATHY
723.7	OSSIFICATION OF POSTERIOR LONGITUDINAL LIGAMENT IN CERVICAL REGION
724.71	HYPERMOBILITY OF COCCYX
724.79	OTHER DISORDERS OF COCCYX
726.0	ADHESIVE CAPSULITIS OF SHOULDER
726.10	DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION UNSPECIFIED
726.11	CALCIFYING TENDINITIS OF SHOULDER
726.12	BICIPITAL TENOSYNOVITIS
726.19	OTHER SPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION
726.2	OTHER AFFECTIONS OF SHOULDER REGION NOT ELSEWHERE CLASSIFIED
726.30	ENTHESOPATHY OF ELBOW UNSPECIFIED
726.31	MEDIAL EPICONDYLITIS
726.32	LATERAL EPICONDYLITIS
726.33	OLECRANON BURSTITIS
726.39	OTHER ENTHESOPATHY OF ELBOW REGION
726.4	ENTHESOPATHY OF WRIST AND CARPUS

726.5	ENTHESOPATHY OF HIP REGION
726.60	ENTHESOPATHY OF KNEE UNSPECIFIED
726.61	PES ANSERINUS TENDINITIS OR BURSITIS
726.62	TIBIAL COLLATERAL LIGAMENT BURSITIS
726.63	FIBULAR COLLATERAL LIGAMENT BURSITIS
726.64	PATELLAR TENDINITIS
726.65	PREPATELLAR BURSITIS
726.69	OTHER ENTHESOPATHY OF KNEE
726.70	ENTHESOPATHY OF ANKLE AND TARSUS UNSPECIFIED
726.71	ACHILLES BURSITIS OR TENDINITIS
726.72	TIBIALIS TENDINITIS
726.73	CALCANEAL SPUR
726.79	OTHER ENTHESOPATHY OF ANKLE AND TARSUS
726.8	OTHER PERIPHERAL ENTHESOPATHIES
726.90	ENTHESOPATHY OF UNSPECIFIED SITE
726.91	EXOSTOSIS OF UNSPECIFIED SITE
727.00	SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED
727.01	SYNOVITIS AND TENOSYNOVITIS IN DISEASES CLASSIFIED ELSEWHERE
727.02	GIANT CELL TUMOR OF TENDON SHEATH
727.03	TRIGGER FINGER (ACQUIRED)
727.04	RADIAL STYLOID TENOSYNOVITIS
727.05	OTHER TENOSYNOVITIS OF HAND AND WRIST
727.06	TENOSYNOVITIS OF FOOT AND ANKLE
727.09	OTHER SYNOVITIS AND TENOSYNOVITIS
727.1	BUNION
727.2	SPECIFIC BURSITIDES OFTEN OF OCCUPATIONAL ORIGIN
727.3	OTHER BURSITIS DISORDERS
727.40	SYNOVIAL CYST UNSPECIFIED
727.41	GANGLION OF JOINT
727.42	GANGLION OF TENDON SHEATH
727.43	GANGLION UNSPECIFIED
727.49	OTHER GANGLION AND CYST OF SYNOVIUM TENDON AND BURSA
727.50	RUPTURE OF SYNOVIUM UNSPECIFIED
727.51	SYNOVIAL CYST OF POPLITEAL SPACE

727.59	OTHER RUPTURE OF SYNOVIUM
727.60	NONTRAUMATIC RUPTURE OF UNSPECIFIED TENDON
727.61	COMPLETE RUPTURE OF ROTATOR CUFF
727.62	NONTRAUMATIC RUPTURE OF TENDONS OF BICEPS (LONG HEAD)
727.63	NONTRAUMATIC RUPTURE OF EXTENSOR TENDONS OF HAND AND WRIST
727.64	NONTRAUMATIC RUPTURE OF FLEXOR TENDONS OF HAND AND WRIST
727.65	NONTRAUMATIC RUPTURE OF QUADRICEPS TENDON
727.66	NONTRAUMATIC RUPTURE OF PATELLAR TENDON
727.67	NONTRAUMATIC RUPTURE OF ACHILLES TENDON
727.68	NONTRAUMATIC RUPTURE OF OTHER TENDONS OF FOOT AND ANKLE
727.69	NONTRAUMATIC RUPTURE OF OTHER TENDON
727.81	CONTRACTURE OF TENDON (SHEATH)
727.82	CALCIUM DEPOSITS IN TENDON AND BURSA
727.83	PLICA SYNDROME
727.89	OTHER DISORDERS OF SYNOVIUM TENDON AND BURSA
727.9	UNSPECIFIED DISORDER OF SYNOVIUM TENDON AND BURSA
728.4	LAXITY OF LIGAMENT
728.5	HYPERMOBILITY SYNDROME
728.6	CONTRACTURE OF PALMAR FASCIA
728.71	PLANTAR FASCIAL FIBROMATOSIS
728.79	OTHER FIBROMATOSES OF MUSCLE LIGAMENT AND FASCIA
729.0	RHEUMATISM UNSPECIFIED AND FIBROSITIS
729.1	MYALGIA AND MYOSITIS UNSPECIFIED
729.4	FASCIITIS UNSPECIFIED
729.5	PAIN IN LIMB
733.6	TIETZE'S DISEASE
840.0	ACROMIOCLAVICULAR (JOINT) (LIGAMENT) SPRAIN
840.1	CORACOCALVICULAR (LIGAMENT) SPRAIN
840.2	CORACOHUMERAL (LIGAMENT) SPRAIN
840.3	INFRASPINATUS (MUSCLE) (TENDON) SPRAIN
840.4	ROTATOR CUFF (CAPSULE) SPRAIN
840.5	SUBSCAPULARIS (MUSCLE) SPRAIN

840.6	SUPRASPINATUS (MUSCLE) (TENDON) SPRAIN
840.7	SUPERIOR GLENOID LABRUM LESION
840.8	SPRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM
840.9	SPRAIN OF UNSPECIFIED SITE OF SHOULDER AND UPPER ARM
841.0	RADIAL COLLATERAL LIGAMENT SPRAIN
841.1	ULNAR COLLATERAL LIGAMENT SPRAIN
841.2	RADIOHUMERAL (JOINT) SPRAIN
841.3	ULNOHUMERAL (JOINT) SPRAIN
841.8	SPRAIN OF OTHER SPECIFIED SITES OF ELBOW AND FOREARM
841.9	SPRAIN OF UNSPECIFIED SITE OF ELBOW AND FOREARM
842.00	SPRAIN OF UNSPECIFIED SITE OF WRIST
842.01	SPRAIN OF CARPAL (JOINT) OF WRIST
842.02	SPRAIN OF RADIOCARPAL (JOINT) (LIGAMENT) OF WRIST
842.09	OTHER WRIST SPRAIN
842.10	SPRAIN OF UNSPECIFIED SITE OF HAND
842.11	SPRAIN OF CARPOMETACARPAL (JOINT) OF HAND
842.12	SPRAIN OF METACARPOPHALANGEAL (JOINT) OF HAND
842.13	SPRAIN OF INTERPHALANGEAL (JOINT) OF HAND
842.19	OTHER HAND SPRAIN
843.0	ILIOFEMORAL (LIGAMENT) SPRAIN
843.1	ISCHIOCAPSULAR (LIGAMENT) SPRAIN
843.8	SPRAIN OF OTHER SPECIFIED SITES OF HIP AND THIGH
843.9	SPRAIN OF UNSPECIFIED SITE OF HIP AND THIGH
844.0	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF KNEE
844.1	SPRAIN OF MEDIAL COLLATERAL LIGAMENT OF KNEE
844.2	SPRAIN OF CRUCIATE LIGAMENT OF KNEE
844.3	SPRAIN OF TIBIOFIBULAR (JOINT) (LIGAMENT) SUPERIOR OF KNEE
844.8	SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG
844.9	SPRAIN OF UNSPECIFIED SITE OF KNEE AND LEG
845.00	UNSPECIFIED SITE OF ANKLE SPRAIN

845.02	CALCANEOFIBULAR (LIGAMENT) ANKLE SPRAIN
845.03	TIBIOFIBULAR (LIGAMENT) SPRAIN DISTAL
845.09	OTHER ANKLE SPRAIN
845.10	UNSPECIFIED SITE OF FOOT SPRAIN
845.11	TARSOMETATARSAL (JOINT) (LIGAMENT) SPRAIN
845.12	METATARSAOPHALANGEAL (JOINT) SPRAIN
845.13	INTERPHALANGEAL (JOINT) TOE SPRAIN
845.19	OTHER FOOT SPRAIN
846.0	LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN
846.1	SACROILIAC (LIGAMENT) SPRAIN
846.2	SACROSPINATUS (LIGAMENT) SPRAIN
846.3	SACROTUBEROUS (LIGAMENT) SPRAIN
846.8	OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
846.9	UNSPECIFIED SITE OF SACROILIAC REGION SPRAIN
847.0	NECK SPRAIN
847.1	THORACIC SPRAIN
847.2	LUMBAR SPRAIN
847.3	SPRAIN OF SACRUM
847.4	SPRAIN OF COCCYX
847.9	SPRAIN OF UNSPECIFIED SITE OF BACK
848.0	SPRAIN OF SEPTAL CARTILAGE OF NOSE
848.1	JAW SPRAIN
848.2	THYROID REGION SPRAIN
848.3	SPRAIN OF RIBS
848.40	STERNUM SPRAIN UNSPECIFIED PART
848.41	STERNOCLAVICULAR (JOINT) (LIGAMENT) SPRAIN
848.42	CHONDROSTERNAL (JOINT) SPRAIN
848.49	OTHER SPRAIN OF STERNUM
848.5	PELVIC SPRAIN
848.8	OTHER SPECIFIED SITES OF SPRAINS AND STRAINS
848.9	UNSPECIFIED SITE OF SPRAIN AND STRAIN

**Diagnoses that Support Medical Necessity**

## **ICD-9 Codes that DO NOT Support Medical Necessity**

## **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

#### **General Information**

##### **Documentation Requirements**

The medical record should include, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures leading to the diagnosis and any conservative treatment prior to the decision to use injection. Records must be made available upon request.

Submission of injection codes 64470-64476 (injection, paravertebral facet joint or facet joint nerve) or joint space injection codes (20600, 20605, 20610) billed in addition to CPT codes 20550 and/or 20551 must be supported by documentation in the medical record of the medical necessity of the separate procedure(s).

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

## **Appendices**

### **Utilization Guidelines**

#### Utilization Guidelines

When a given specific tendon, ligament, tunnel, cyst or neuroma is injected, it will be considered one injection service regardless of the number of injections administered at that specific anatomical location on a single date of service.

Most conditions that require injections into tendon sheaths, ligaments, ganglion cysts or neuromas should be resolved with one to three injections.

The medical necessity for injections of more than two sites at one session or for frequent or repeated injections would be rare. Such injections are likely to result in a request for medical records which must clearly document the medical necessity of these additional injections.

## **Sources of Information and Basis for Decision**

### Sources of Information and Basis for Decision

National Guideline Clearing House: Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints. Date released 1997 (revised 2004)

Snider, Robert K., MD, ed. Essentials of Musculoskeletal Care. American Academy of Orthopedic Surgeons, 1997, p. 39.

Tallia AF, Cardone DA, American Family Physician 2003 Feb 15;67(4):745-50.

Tollison, CD, ed. Handbook of Pain Management. 2nd ed. Baltimore: Williams & Wilkins; 1994

Other Medicare Contractors' Local Coverage Determinations

## **Advisory Committee Meeting Notes**

Meeting Date:

Wisconsin 05/15/2009

Illinois 05/13/2009

Michigan 05/06/2009

Minnesota 05/21/2009

J5 MAC 06/04/2009

Open Meeting 04/15/2009

## **Start Date of Comment Period**

06/04/2009

## **End Date of Comment Period**

07/20/2009

## **Start Date of Notice Period**

09/01/2009

## **Revision History Number**

x

## **Revision History Explanation**

11/03/2009 Added comment/notice period dates

08/14/2009 Revised and released to final effective 10/16/2009

8/10/2009 - The description for Revenue code 0761 was changed

06/30/2009 The contractor number 05392 will no longer be valid as of 8/1/2009 as it will be joining with the W MO number.

04/03/2009 Approved

04/03/2009 Entered as draft

### **Reason for Change**

### **Last Reviewed On Date**

04/02/2009

### **Related Documents**

This LCD has no Related Documents.

### **LCD Attachments**

[Coding and Billing Guidelines \(PDF - 8,820 bytes\)](#)

### **All Versions**

Updated on 11/03/2009 with effective dates 10/16/2009 - N/A

Updated on 08/13/2009 with effective dates 10/16/2009 - N/A