

## **Injections, Therapeutic Local (DRAFT POLICY)**

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Effective: 3/1/2008

Status: Draft Final

Revision Date: 12/3/2007

### **LCD Title**

#### **Injections, Therapeutic Local - 4M-31AB**

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

4M-31AB (L26600)

#### **Contractor Name**

TrailBlazer Health Enterprises, LLC

#### **Contractor Number**

- 04001.
- 04002.

#### **Contractor Type**

- MAC – Part A.
- MAC – Part B.

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

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### **CMS National Coverage Policy**

- *Medicare Benefit Policy Manual* – Pub. 100-02.

- *Medicare National Coverage Determinations Manual* – Pub. 100-03.
- Correct Coding Initiative – *Medicare Contractor Beneficiary and Provider Communications Manual* – Pub. 100-09, Chapter 5.
- Social Security Act (Title XVIII) Standard References, Sections:
  - 1862(a)(1)(A) Medically Reasonable & Necessary.
  - 1862(a)(1)(D) Investigational or Experimental.
  - 1862(a)(7) Screening (Routine Physical Checkups).
    - 1833(e) Incomplete Claim.

### **Primary Geographic Jurisdiction**

- CO – 04101.
- NM – 04201.
- OK – 04301.
- TX – 04401:
  - Indian Health Service.
- End Stage Renal Disease (ESRD) facilities.
  - Skilled Nursing Facilities (SNFs).
  - Rural Health Clinics (RHCs).
    - CO – 04102.
    - NM – 04202.
    - OK – 04302.
    - TX – 04402:
  - Indian Health Service.

### **Secondary Geographic Jurisdiction**

N/A

### **Oversight Region**

- Region VI.

### **Original Determination Effective Date**

03/01/2008

03/21/2008

06/13/2008

### **Original Determination Ending Date**

N/A

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

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

This policy addresses the injection of chemical substances, such as local anesthetics, steroids, sclerosing agents and/or neurolytic agents into ganglion cysts, tendon sheaths, tendon origins/insertions, ligaments, costochondral areas, or near nerves of the feet (e.g., Morton's neuroma) to affect therapy for a pathological condition.

**Note:** the term "**Morton's neuroma**" is used in this policy generically 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 policy applies to each.

Injection of a carpal tunnel is indicated for the patient with a mild case of the carpal tunnel syndrome if oral non-steroidal anti-inflammatory drugs (NSAIDs) and orthoses have failed or are contraindicated. Note that this procedure has its own CPT code, 20526. Injection of a tarsal tunnel is indicated for the patient with a mild case of tarsal tunnel syndrome if oral NSAIDs and orthoses have failed or are contraindicated. Though there are many similarities between this and carpal tunnel syndrome, there is as yet no specific CPT code for tarsal tunnel injection. Instructions below clarify that CPT 28899 is to be used until a more specific code becomes available.

Injection into tendon sheaths, ligaments, tendon origins or insertions, ganglion cysts, or neuromas may be indicated to relieve pain or dysfunction resulting from inflammation or other pathological changes. 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. In some circumstances after

diagnosis has been confirmed, injection of a sclerosing or neurolytic agent may be appropriate for longer-term management.

The signs or symptoms that justify these treatments should be resolved after one to three injections (see reference 2 below, under "Sources of Information and Basis for Decision"). **Injections beyond three** must be justified by the clinical record indicating a logical reason for failure of the prior therapy and why further treatment can reasonably be expected to succeed. A recurrence may justify a second course of therapy.

Injection therapies for tarsal tunnel syndromes (which include any so-called "Baxter's injections") and for Morton's neuroma do not involve the structures described by CPT code 20550 and 20551 or direct injection into other peripheral nerves but rather the focal injection of tissue surrounding a specific focus of inflammation on the foot. These therapies are not to be coded using 20550, 20551, 64450, 64640 or other assigned CPT codes. Rather, the provider of these therapies must bill with CPT code 28899 (Unlisted procedure, foot or toes), since there is not yet a CPT code that specifically addresses either Morton's neuroma injection or tarsal tunnel injection. Most specifically, the provider must not bill CPT codes 64450 or 64640 for these injections, since those codes respectively address the additional work of an injection of an anesthetic agent (nerve block), neurolytic or sclerosing agent into relatively more difficult peripheral nerves, rather than that involved in an injection of relatively easily localized areas such as a carpal tunnel, tarsal tunnel or Morton's neuroma.

When billing for the injection of either a Morton's neuroma or tarsal tunnel syndrome with CPT code 28899, please place the appropriate descriptor: "Morton's neuroma" or "tarsal tunnel syndrome," on the claim form or the electronic equivalent.

Medical necessity for injections of more than two sites at one session or for frequent or repeated injections is questionable. Such injections are likely to result in a request for medical records which must evidence careful justification of necessity.

"Dry needling" of ganglion cysts, ligaments, neuromas, tendon sheaths and their origins/insertions are non-covered procedures.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

**Note: Type of Bill and Revenue Codes DO NOT apply to Part B.**

### **Coverage Topics**

Surgical Services

### **Type of Bill Codes**

12X, 13X, 71X, 75X, 83X, 85X

### **Revenue Codes**

**Note:** TrailBlazer has identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS *Internet-Only Manual* (IOM) Pub. 100-04, *Claims Processing Manual*, for further guidance.

036X, 045X, 049X, 0761

### **CPT/HCPCS Codes**

- Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) require the use of short CPT descriptors.
- 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

**Note:** Use 28899 for Morton's neuroma injection or tarsal tunnel injection.

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

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are

covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 20526, 20550, 20551 and 20612:**

**Covered for:**

354.0	Carpal tunnel syndrome
355.5	Tarsal tunnel syndrome
355.6*	Lesion of plantar nerve
	<b>Note:</b> Use 355.6 for Morton's metatarsalgia, neuralgia, or neuroma
720.0-720.2	Ankylosing spondylopathies and other inflammatory spondylopathies
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
726.10-726.12	Rotator cuff syndrome of shoulder and allied disorders
726.19	Other specified disorders of bursae and tendons in shoulder region
726.2	Other affections of shoulder region not elsewhere classified
726.30-726.33	Enthesopathy of elbow region
726.39	Other enthesopathy of elbow region
726.4-726.5	Enthesopathy of wrist and carpus
726.60-726.65	Enthesopathy of knee
726.69	Other enthesopathy of knee
726.70-726.73	Enthesopathy of ankle and tarus
726.79	Other enthesopathy of ankle and tarsus
726.8	Other peripheral enthesopathies
726.90-726.91	Unspecified enthesopathy
727.00-727.06	Synovium and tenosynovitis
727.09	Other synovium and tenosynovitis
727.1 - 727.3	Other disorders of synovium, tendon and bursa
727.40-727.43	Ganglion and cyst of synovium, tendon and bursa
727.49	Other ganglion and cyst of synovium, tendon and

	bursa
727.50 -727.51	Rpture of synovium
727.59	Other rupture of synovium
727.60-727.69	Rupture of tendon, nontraumatic
727.81-727.83	Other disorders of synovium, tendon and bursa
727.89	Other disorders of synovium tendon and bursa
727.9	Unspecified disorder of synovium tendon and bursa
728.4-728.6	Disorders of muscle, ligament and fascia
728.71	Plantar fascial fibromatosis
728.79	Other fibromatoses of muscle ligament and fascia
729.0-729.1	Other disorders of soft tissues
729.4	Fasciitis unspecified
733.6	Tietze's disease
840.0-840.9	Sprains and strains of shoulder and upper arm
841.0-841.3	Sprains and strains of elbow and forearm
841.8-841.9	Sprains and strains of elbow and forearm
842.00-842.02	Sprains and strains of wrist
842.09	Other wrist sprain
842.10-842.13	Sprains and strains of hand
842.19	Other hand sprain
843.0-843.1	Sprains and strains of hip and thigh
843.8-843.9	Sprains and strains of hip and thigh
844.0-844.3	Sprains and strains of knee and leg
844.8-844.9	Sprains and strains of knee and leg
845.00-845.03	Sprains and strains of ankle
845.09	Other sprains and strains of ankle
845.10 - 845.13	Sprains and strains of foot
845.19	Other foot sprain
846.0-846.3	Sprains and strains of sacroiliac region
846.8-846.9	Sprains and strains of sacroiliac region
847.0-847.4	Sprains and strains of other and unspecified parts of back
847.9	Sprain of unspecified site of back
848.0-848.3	Other and ill-defined sprains and strains
848.40-848.42	Other and ill-defined sprains and strains of sternum
848.49	Other sprain of sternum
848.5	Pelvic sprain
848.8-848.9	Other and ill-defined sprains and strains

**Note:** Providers should continue to submit ICD-9-CM diagnosis codes without decimals on their claim forms and electronic claims.

### **Diagnoses that Support Medical Necessity**

N/A

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

N/A

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

All diagnoses not listed in the "ICD-9-CM Codes That Support Medical Necessity" section of this LCD.

### **Documentation Requirements**

Documentation supporting medical necessity should be legible, maintained in the patient's medical record and made available to Medicare upon request.

The clinical record should include the elements leading to the diagnosis and the therapies tried before the decision to use injection. If the number of injections exceeds three, the record must justify these added injections since the presumed need for further injections should raise the issues of correct diagnosis or correct choice of therapy as well as concerns for adverse side effects. 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) in addition to 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**

N/A



## Utilization Guidelines

Medical necessity for injections of more than two sites at one session or for frequent or repeated injections is questionable. Such injections are likely to result in a request for medical records which must evidence careful justification of necessity.

### Sources of Information and Basis for Decision

#### *J4 (CO, NM, OK, TX) MAC Consolidation*

TrailBlazer Health Enterprises, LLC adopted the Noridian Administrative Services, LLC LCD, "Injections – Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes & Morton's Neuroma," for the Jurisdiction 4 (J4) MAC transition. It is re-named, "Injections – Therapeutic Local".

Full disclosure of the sources of information is found with original contractor LCD.

#### *Other Contractor Local Coverage Determinations*

"Injections – Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes & Morton's Neuroma," Noridian Administrative Services, LLC LCD, (CO) L23856.

### Start Date of Notice Period

12/20/2007

### Revision History

<u>Number</u>	<u>Date</u>	<u>Explanation</u>
N/A	06/13/2008	LCD effective in TX Part A and Part B and Part A CO and NM 06/13/2008
N/A	03/21/2008	LCD effective in CO Part B 03/21/2008
N/A	03/01/2008	LCD effective in NM Part B and OK Part A and Part B 03/01/2008
	12/20/2007	Consolidated LCD posted for notice effective: 12/20/2007

This content pertains to...

**Programs:** Part A, Part B

**Topics:** Not Topic Specific

**Subtopics:** Not Subtopic Specific

**PART A - OKLAHOMA**

**PART B - OKLAHOMA**

**PART B - COLORADO**

**PART B - NEW MEXICO**

**PART A - TEXAS/NEW MEXICO/COLORADO**

**PART B - TEXAS**

**INDIAN HEALTH**

**VETERANS AFFAIRS**

**ELECTRONIC DATA INTERCHANGE**

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