Injections into the Tendon Sheath and Ligament, Ganglion Cyst, Carpal and Tarsal Tunnel Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy identifies circumstances in which UnitedHealthcare Community Plan will reimburse physicians or other qualified health care professionals for injections to treat problems in the tendon/tendon sheath, ligament, ganglion cyst, carpal tunnel, or tarsal tunnel.

Reimbursement Guidelines

UnitedHealthcare Community Plan reimburses for injections into the tendon/tendon sheath, or ligament (CPT codes 20550, 20551) ganglion cyst (CPT code 20612), and carpal tunnel or tarsal tunnel (CPT code 20526) when one of the diagnosis codes are listed on a claim denoting a problem with one of these regions. UnitedHealthcare Community Plan will not reimburse when the treatment rendered is without inclusion of one of the ICD-10-CM diagnostic codes being included on the claim accurately reflecting the member's condition.

The attached procedure to diagnosis list was first derived by identifying areas of convergence across Center for Medicare and Medicaid Services (CMS) Local Coverage Determinations (LCD). The LCD policies were then submitted to various specialty societies for comment.

State Exceptions

Indiana	In addition to our published list, the following ICD10 diagnosis codes are payable for the state of Indiana.

S33.4XXA	S53.20XA	S53.21XA	S53.22XA	S53.30XA	S53.31XA	S53.32XA
S53.401A	S53.402A	S53.409A	S53.411A	S53.412A	S53.419A	S53.421A
S53.422A	S53.429A	S53.439A	S53.449A	S53.499A	S63.301A	S63.302A
S63.309A	S63.311A	S63.312A	S63.319A	S63.321A	S63.322A	S63.329A
S63.331A	S63.332A	S63.339A	S63.391A	S63.392A	S63.399A	S63.400A
S63.401A	S63.402A	S63.403A	S63.404A	S63.405A	S63.406A	S63.407A
S63.408A	S63.409A	S63.410A				

Kansas	Kansas is excluded from this policy based on state requirements
Washington DC	Per state requirements codes 20526 and 20612 are not covered

Questions and Answers

1	**Q:** How was this reimbursement methodology derived? **A:** The coding edits are based upon review of the Center for Medicare and Medicaid Service's local coverage determinations and information received from various specialty societies.
2	**Q:** To determine reimbursement for reported CPT or HCPCS procedure codes, should ICD-10-CM diagnosis codes be reported at the claim level or claim line level? **A:** Report ICD-10-CM diagnosis codes at the claim line level of the CPT or HCPCS procedure code to be considered for reimbursement.

Codes

CPT code section			
20526	20550	20551	20612

Attachments

Tendon Sheath, Ligament, Ganglion Cyst, Carpal and Tarsal Tunnel ICD-10 Policy List	This list identifies ICD-10 diagnosis codes that should be linked with CPT codes found in the Codes section of this policy for reimbursement.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
12/1/2023	Annual Anniversary Version Change State Exception Section: Indiana updated to put codes into a table History Section: Entries prior to 12/1/2021 Archived
9/15/2023	Policy Version Change Template: Brand U-mark updated State Exception section: Indiana added History Section: Entries prior to 9/15/2021 Archived
12/1/2022	Annual Anniversary Date and Version Change History Section: Entries prior to 12/1/2020 Archived
2/1/2022	Policy Version Change State Exception section: Washington DC added
10/28/2006	Policy implemented by UnitedHealthcare Community Plan