

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 Value & Balance Exchange reimbursement policies may use 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 Value & Balance Exchange’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Value & Balance Exchange 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 Value & Balance Exchange enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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 Value & Balance Exchange due to programming or other constraints; however, UnitedHealthcare Value & Balance Exchange strives to minimize these variations.

UnitedHealthcare Value & Balance Exchange 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.

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Application

This reimbursement policy applies to UnitedHealthcare Value & Balance Exchange 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, 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 Value & Balance Exchange 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 Value & Balance Exchange reimburses for injections into the tendon/tendon sheath, or ligament (CPT codes 20550, 20551) ganglion cyst (CPT code 20612), carpal tunnel or tarsal tunnel (CPT code 20526) when one of the diagnosis codes are listed on a claim denoting problems with one of these regions. UnitedHealthcare Value & Balance Exchange 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	
North Carolina	North Carolina is exempt from this policy
Oklahoma	Oklahoma is exempt from this policy
Maryland	Maryland is exempt from this policy

Questions and Answers	
1	<p>Q: How was this reimbursement methodology derived?</p> <p>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.</p>
2	<p>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?</p> <p>A: Report ICD-10-CM diagnosis codes at the claim line level of the CPT or HCPCS procedure code to be considered for reimbursement.</p>

Codes			
CPT code section			
20526	20550	20551	20612

Attachments	
 UnitedHealthcare Value & Balance Exchange Tendon Sheath, Ligament, Ganglion Cyst, Carpal and Tarsal Tunnel ICD-10 Policy List	<p>This list identifies ICD-10 diagnosis codes that should be linked with CPT codes found in the Codes section of this policy for reimbursement.</p>

Resources
American Medical Association, <i>Current Procedural Terminology (CPT®) Professional Edition</i> 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	
3/17/2021	Policy Version Change Attachment Section: UnitedHealthcare Value & Balance Exchange Tendon Sheath, Ligament, Ganglion Cyst, Carpal and Tarsal Tunnel ICD-10 Policy List updated
3/1/2021	Policy implemented by UnitedHealthcare Value & Balance Exchange