

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.

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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

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	<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
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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.
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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

2/1/2022	Policy Version Change State Exception section: Washington DC added
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12/1/2021	Annual Anniversary Date and Version Change Reimbursement Section: Grammatical corrections Attachments Section: Format changes only History: Entries prior to 12/1/2019 Archived
3/21/2021	Annual Anniversary Date and Version Change Attachments Section: List updated History: Entries prior to 1/1/2019 Archived
11/8/2020	Policy Version Change Attachments Section: List updated
5/6/2020	Annual Date and Version change Codes: Removed descriptions History: Entries prior to 1/1/2018 Archived
12/6/2019	Annual Anniversary Date and Version Change Title section: Removed Annual Approval information & moved policy # to the header History Section: Entries prior to 1/1/2017 archived
10/28/2006	Policy implemented by UnitedHealthcare Community Plan