Local Coverage Determination (LCD):
Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L33716)

Contractor Name
Noridian Administrative Services, LLC

Document Information

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L33716

LCD Title
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CMS National Coverage Policy
Title XVIII of the Social Security Act, 1862(a)(1)(A) allows coverage and payment for only those services that are considered to be medically reasonable and necessary.
Title XVIII of the Social Security Act, 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.


**Coverage Guidance**

**Coverage Indications, Limitations, 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, the best apparent CPT code is 64450.

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. Noncoverage for prolotherapy, joint sclerotherapy and ligamentous injections with sclerosing agents is found in the CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations (Internet-only Manual).

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 (64455) 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. Tarsal Tunnel Syndrome therapy should be billed with CPT code 64450. Occasionally, injections of alcohol are used for nerve sclerosing (e.g. in heel for nerve entrapment and neuromas in the foot). The procedure involves 4-10% alcohol injected every 7-10 days to decrease pain associated with nerve entrapment. Noridian would not expect more than six consecutive procedures to be billed. CPT code 64450 is used to describe this service.

Injections for plantar fasciitis are addressed by 20550 and ICD-9-CM 728.71. Injections for calcaneal spurs are addressed as are other tendon origin/insertions by 20551. Injections to include both the plantar fascia and the area around a calcaneal spur, are to be reported using a single 20551.

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.
Note: Nerve blocks are contraindicated and not covered for peripheral diabetic neuropathy.

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

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.

999x Not Applicable

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.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

20526  INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL

20527  INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN’S CONTRACTURE)

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

26341  MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN’S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD

64455  INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON
DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)

ICD-9 Codes that Support Medical Necessity

**Group 1 Paragraph:** These are the only covered ICD-9-CM codes that support medical necessity:

**Group 1 Codes:**

- 354.0 CARPAL TUNNEL SYNDROME
- 355.5 TARSAL TUNNEL SYNDROME
- 355.6* LESION OF PLANTAR NERVE
- 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
- 726.13 PARTIAL TEAR OF ROTATOR CUFF
- 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 BURSITIS
- 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 SYNOVIIUM TENDON AND BURSA
727.9 UNSPECIFIED DISORDER OF SYNOVIIUM 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 FIBROMATOSIS OF MUSCLE LIGAMENT AND FASCIA
729.0 RHEUMATISM UNSPECIFIED AND FIBROSITIS
729.1 MYALGIA AND MYOSITIS UNSPECIFIED
729.4 FASCIITIS UNSPECIFIED
733.6 TIEZTE'S DISEASE
840.0 ACROMIOCLAVICULAR (JOINT) (LIGAMENT) SPRAIN
840.1 CORACOCLAVICULAR (LIGAMENT) SPRAIN
840.2 CORACOHUMERAL (LIGAMENT) SPRAIN
840.3 INFRA SPINATUS (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
845.01  DELTOID (LIGAMENT) 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  METATARSOPHALANGEAL (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 CHON DroSTERNAL (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

**Group 1 Medical Necessity ICD-9 Codes Asterisk Explanation:** **Use 355.6 for Morton's metatarsalgia, neuralgia, or neuroma**

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

**Paragraph:** All ICD-9-CM codes not listed in this policy under ICD-9-CM Codes That Support Medical Necessity above.

N/A
**General Information**

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.

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.

**Sources of Information and Basis for Decision**


- Literature search
- Consultant opinion

**Associated Information**

N/A

**Attachments**

N/A

**Related Local Coverage Documents**

N/A

**Related National Coverage Documents**

N/A

**Public Version(s)**

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N/A

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