

Local Coverage Determination (LCD): Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L34218)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

LCD Information

Document Information

LCD ID

L34218

LCD Title

Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma

Proposed LCD in Comment Period

N/A

Source Proposed LCD

DL34218

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Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 10/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

04/06/2017

Notice Period End Date

05/21/2017

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.

CMS Manual System, Pub. 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 2, §150.7.

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 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 or tarsal tunnel is indicated for the patient with a mild case of these syndromes, with or without a trial of other conservative measures, such as oral non-steroidal anti-inflammatory drugs (NSAIDs) or orthoses.

Injection into tendon sheaths, ligaments, tendon origins or insertions, ganglion cysts, neuromas or other areas described by this policy 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 or reevaluated after one to three injections (see reference 2 below, under "Sources of Information and Basis for Decision"). **Injections beyond three to the same tendon origin/insertion, tendon sheath, ganglion, neuroma, ligament or local area in a six month period** 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.

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.

Summary of Evidence

N/A

**Analysis of Evidence
(Rationale for Determination)**

N/A

General Information

Associated Information

Sources of Information

1. Scientific American Medical; Physiatry Section, PRMA; Rheumatology Section, PRMA.
2. Snider RK. Essentials of Musculoskeletal Care. Greene WF. ed. Rosemont, IL: American Academy of Orthopedic Surgeons; 1997:39.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R4	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none">• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R3	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all of the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
05/22/2017	R2	This LCD is the result of DL34218 being released to final.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2016	R1	<p>LCD is revised to add/delete the following diagnosis codes effective 10/1/16:</p> <p>Added codes: G56.03, G57.53, G57.63, S03.41XA, S03.41XD, S03.41XS, S03.42XA, S03.42XD, S03.42XS, S03.43XA, S03.43XD and S03.43XS.</p> <p>Deleted codes: S03.4XXA, S03.4XXD and S03.4XXS.</p> <p>LCD is revised to include Part A contract numbers.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57079 - Billing and Coding: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma

A55489 - Response to Comments: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma

LCD(s)

DL34218

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/28/2020 with effective dates 10/01/2019 - N/A

Updated on 09/18/2019 with effective dates 10/01/2019 - N/A

Updated on 04/01/2017 with effective dates 05/22/2017 - 09/30/2019

Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them.

Keywords

- injection
- tendon
- ligament
- ganglion cyst
- tunnel morton's
- neuroma
- carpal
- tarsal