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

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

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### Contractor Information

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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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### LCD Information

### Document Information

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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 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**
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.


Bibliography

N/A

Revision History Information

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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
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<td>10/01/2019</td>
<td>R4</td>
<td>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
<td>- Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)</td>
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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.
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<td>10/01/2019</td>
<td>R3</td>
<td>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD. 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.</td>
<td>• Revisions Due To Code Removal</td>
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<td>05/22/2017</td>
<td>R2</td>
<td>This LCD is the result of DL34218 being released to final.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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<td>10/01/2016</td>
<td>R1</td>
<td>LCD is revised to add/delete the following diagnosis codes effective 10/1/16: 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. Deleted codes: S03.4XXA, S03.4XXD and S03.4XXS. LCD is revised to include Part A contract numbers.</td>
<td>• Creation of Uniform LCDs Within a MAC Jurisdiction</td>
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## 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)

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Keywords

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