



Medical Policy

Policy: 200218

Initial Effective Date: 02/28/2002

SUBJECT: Carpal Tunnel, Tendon Sheath, Ligament, Tendon and Trigger Point Injections

Annual Review Date: 05/01/2018

Last Revised Date: 05/01/2018

Definition: Carpal tunnel, tendon sheath, ligament, tendon and trigger point injections involve the injection of local anesthetic with or without corticosteroid into the identified painful area. Injection of therapeutic drugs is indicated when painful or inflammatory conditions of soft tissues have not responded to an adequate trial of conventional measures.

Medical Necessity:

I. Carpal tunnel injection: The Company considers carpal tunnel injection (**CPT Code 20526**) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Pain or neurological symptoms in median nerve distribution; and
- Inadequate response (≥ 6 weeks) to conventional measures (i.e., wrist splinting, analgesics, oral anti-inflammatory drugs and/or physical therapy); and
- Median neuropathy established by electromyography (EMG);

AND

At least one of the following clinical conditions is present:

- Carpal tunnel syndrome, right upper limb
- Carpal tunnel syndrome, left upper limb
- Other lesions of median nerve, right upper limb
- Other lesions of median nerve, left upper limb

Frequency limitations: The Company limits the frequency of carpal tunnel injections to three per side within a 365 day time period.

II. Tendon sheath, ligament or tendon injection: The Company considers tendon sheath, ligament or tendon injection(s) (**CPT Codes 20550 and 20551**) **medically necessary** and eligible for reimbursement when the disabling or painful inflammatory condition has not responded to conventional measures (i.e., splinting, analgesics, oral anti-inflammatory drugs and/or physical therapy).



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Frequency limitations: The Company limits the frequency of tendon sheath, ligament or tendon injection(s) to 10 injections within a 365 day time period.

Requests for retreatment after a therapeutic injection is administered may be considered **medically necessary** and eligible for reimbursement in the presence of **all** of the following:

- Preceding therapeutic injection session resulted in more than 50% relief for ≥ 4 weeks; and
- Pain or inflammation non-responsive (≥ 6 weeks) to conventional measures (i.e., analgesics, oral anti-inflammatory drugs and/or physical therapy).

Medical record documentation: Submitted medical record documentation must specify the tendon sheath, ligament or tendon receiving the injection(s) (e.g., right bicep tendon). Documentation must also include examination findings of the affected the tendon sheath, ligament or tendon.

III. Trigger point injection: The Company considers trigger point injection(s) containing a corticosteroid and/or local anesthetic (**CPT Codes 20552 and 20553**) **medically necessary** and eligible for reimbursement when the painful or inflammatory condition has not responded to conventional measures (i.e., analgesics, oral anti-inflammatory drugs and/or physical therapy).

Frequency limitations: The Company limits the frequency of trigger point injection(s) to 10 injection sessions (i.e., no more than 4 injections per session) within a 365 day time period.

Requests for retreatment after a therapeutic injection session is administered may be considered **medically necessary** and eligible for reimbursement in the presence of **all** of the following:

- Preceding therapeutic injection session resulted in more than 50% relief for ≥ 4 weeks; and
- Pain or inflammation non-responsive (≥ 6 weeks) to conventional measures (i.e., analgesics, oral anti-inflammatory drugs and/or physical therapy).

Medical record documentation: Submitted medical record documentation must specify the muscle receiving the injection(s) (e.g., trapezius muscle). Documentation must also include examination findings of a tight band of muscle or trigger point.

The Company considers trigger point injections not containing a corticosteroid and/or local anesthetic **not medically necessary** and **not** eligible for reimbursement.

The Company considers trigger point injections in the presence of systemic infections or other concomitant unstable medical conditions **not medically necessary** and **not** eligible for reimbursement.



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Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request by the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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Sources of Information:

- American Academy of Orthopaedic Surgeons. (2016, February 29). *Management of carpal tunnel syndrome evidence-based clinical practice guideline*. Retrieved from www.aaos.org/ctsguideline.
- American Academy of Orthopaedic Surgeons. (2001 - 2013). *Carpal tunnel syndrome*. Retrieved from http://orthoportal.aaos.org/oko/article.aspx?article=OKO_HAN006#article.
- Centers for Medicare and Medicaid Services: local coverage determination for pain management (L28529) National Government Services, Inc. Revision effective date October 01, 2010.

Applicable Code(s):	
CPT:	20526, 20550, 20551, 20552 and 20553
HCPCS:	N/A
ICD-10-CM Procedure:	N/A

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