Tendon Sheath, Ligament Cyst, Carpal Tunnel
and Tarsal Tunnel Injections

This payment policy will no longer be applicable for dates of service on or after January 1, 2023.

Policy
Injections into the Tendon Sheath, Ligament Cyst, Carpal Tunnel and Tarsal Tunnel are performed to relieve pain or dysfunction due to inflammation or other pathological changes in those structures.

Harvard Pilgrim reimburses contracted providers for injections into the tendon sheath, ligament cyst, carpal tunnel and tarsal tunnel when medically necessary and appropriate. Harvard Pilgrim will only reimburse these injections when billed with the CPT and ICD codes listed below under the “Provider Billing Guidelines and Documentation” section of this policy.

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Authorization for more information.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

HMO/POS/PPO
Injections into the tendon sheath, ligament cyst, carpal tunnel and tarsal tunnel when billed with the CPT and ICD codes listed under the “Provider Billing Guidelines and Documentation” section of this policy. Covered indications may include, but are not limited to:
• Ankylosing spondylitis and other inflammatory spondylopathies
• Carpal or tarsal tunnel syndrome
• Disorders of soft tissues
• Other disorders of synovium, tendon, and bursa
• Peripheral enthesopathies and allied syndromes
• Plantar fascial fibromatosis
• Shoulder or lower leg joint pain
• Sprains and strains of the shoulder and upper arm, elbow and forearm, wrist and hand, hip and thigh, knee and leg, ankle and foot, sacroiliac region, and other areas, including unspecified parts of the back
• Tietze’s disease

Harvard Pilgrim Does Not Reimburse
Injections into the tendon sheath, ligament cyst, carpal tunnel and/or tarsal tunnel when billed with an ICD-10 code that is not listed under the “Provider Billing Guidelines and Documentation” section of this policy below.

Member Cost-Sharing
Services subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible).

Provider Billing Guidelines and Documentation
Coding

Tendon Sheath, Ligament Cyst, Carpal/Tarsal Tunnel Injections — CPT and ICD-10 Covered Indications
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20526</td>
<td>Injection, therapeutic (e.g., local anesthetic corticosteroid), carpal tunnel</td>
</tr>
<tr>
<td>20527</td>
<td>Injection, enzyme (e.g., collagenase), palmar fascial cord (i.e., Dupuytren’s contracture)</td>
</tr>
<tr>
<td>20550</td>
<td>Injection(s); single tendon sheath, or ligament, aponeurosis (e.g., plantar “fascia”)</td>
</tr>
<tr>
<td>20551</td>
<td>Injection(s); single tendon origin/insertion</td>
</tr>
<tr>
<td>20612</td>
<td>Aspiration and/or injection of ganglion cyst(s) any location</td>
</tr>
<tr>
<td>26341</td>
<td>Manipulation, palmar fascial cord (i.e., Dupuytren’s cord), post enzyme injection (e.g., collagenase), single cord</td>
</tr>
<tr>
<td>J0775</td>
<td>Injection, collagenase, clostridium histolyticum, 0.01 mg</td>
</tr>
</tbody>
</table>

**ICD-10 Covered Indications**

**Related Policies**

**Payment Policies**

- Pain Management for Non-Anesthesiologists

**PUBLICATION HISTORY**

- 4/15/10   new policy—effective 07/01/10
- 01/01/12  removed First Seniority Freedom information from header
- 12/15/12  annual review and biannual benchmark added applicable procedure codes effective 01/01/13
- 12/15/13  annual review; administrative edits
- 06/15/14  added *Connecticut Open Access HMO* referral information to prerequisites
- 12/15/14  annual review; no changes
- 07/30/15  ICD-10 coding update
- 12/15/15  annual review; added related policies
- 12/15/16  annual review; no changes
- 01/15/17  ICD-10 coding update
- 12/15/17  annual review; no changes
- 02/01/18  updated *Open Access Product* referral information under Prerequisites
- 10/01/18  ICD-10 coding update
- 12/03/18  annual review; removed ICD-9 references; administrative edits
- 12/02/19  annual review; no changes
- 10/01/20  ICD-10 coding update
- 12/01/20  annual review; administrative edits
- 12/01/21  annual review; no changes
- 12/02/21  annual review; no changes

1 This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2 The table may not include all provider claim codes related to the Tendon Sheath, Ligament Cyst, Carpal and Tarsal Tunnel Joint Injection services.