Tendon Injections Missing Diagnosis

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Reimbursement Guidelines

For procedures such as injections into the tendon/tendon sheath or ligament (CPT codes 20550, 20551), ganglion cyst removal (CPT code 20612), and carpal or tarsal tunnel injections (CPT code 20526), it is necessary to include a corresponding diagnosis code that indicates medical necessity. Without the correct diagnosis code, Molina Healthcare cannot reimburse these procedures.

Our reimbursement policy follows state and federal guidelines. To expedite processing, please ensure that claims are submitted with diagnosis codes in accordance with the definitions provided by the Centers for Medicare and Medicaid Services (CMS). Claims that do not include the required diagnosis code may result in payment delays, denials, or audits by Molina Healthcare.

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
CPT	Current Procedural Terminology

State Exceptions

State	Exception

References

This policy was developed using:

Agency:	Reference links:
CMS	Article - Billing and Coding: Pain Management (A52863) (cms.gov)
CMS	Article - Billing and Coding: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (A57079)
CMS	Article - Response to Comments: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (A55489)
CMS	LCD - Pain Management - Injection of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels (L33622)

CMS	LCD - Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L34218)
CMS	LCD - Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma (L34218)
All	State Medicaid Regulatory Guidance

Documentation History

Type	Date	Action
Effective	08/10/2023	New Policy
Revised Date	12/12/2024	Updated the template

***CODING DISCLAIMER**. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.*