



Reimbursement Policy for 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 essential to include a corresponding diagnosis code that demonstrates medical necessity. Without the correct diagnosis code, Molina Healthcare cannot reimburse these procedures.

Our reimbursement policy adheres to state and federal guidelines. To expedite processing, please ensure that claims are submitted with diagnosis codes in accordance with the Centers for Medicare and Medicaid Services (CMS) definitions. Claims lacking 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

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 (A57201) (cms.gov)
CMS	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57079&ver=3
CMS	Injections into the Tendon Sheath and Ligament, Ganglion Cyst, Carpal and Tarsal Tunnel Policy, Professional - Exchange (uhcprovider.com)
All	State Medicaid Regulatory Guidance



State Exceptions

State	Exception

Documentation History

Type	Date	Action
Published	09/01/2023	
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