Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP291

Section: Medical Benefit Policy

Subject: Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy

Applicable line of business:

Commercial	**x**	**Medicaid**	**x**
Medicare	**x**	**ACA**	**x**
CHIP	**x**		

I. Policy: Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy

II. Purpose/Objective:

To provide a policy of coverage regarding Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy

III. Responsibility:

A. Medical Directors

B. Medical Management Department

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy is a minimally invasive surgical aspirator intended for ablating and removing diseased or pathologic musculoskeletal tissue.

EXCLUSIONS:
The Plan does **NOT** provide coverage for Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy (e.g., TX1™ Tissue Removal System, TOPAZ®EZ Microdebrider Coblation Wand) as a treatment for musculoskeletal conditions, including but not limited to the following conditions:

• Plantar fasciitis
• Achilles, Patellar, Wrist, shoulder or rotator cuff tendinopathy
• Lateral epicondylitis

because it is considered **unproven.** The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment.**

Medicaid Business Segment:
Any requests for services that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Percutaneous Ultrasonic or Radiofrequency Coblation Tenotomy
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services**.** Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

20999 Unlisted procedure, musculoskeletal system, general [when specified as percutaneous radiofrequency or ultrasonic ablation of soft tissue]

The following code will be denied as unproven if found to be performed using the RF or US devices

24357 Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow), percutaneous
24358 debridement, soft tissue and/or bone
24359 Tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment
25290 Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
23405-23406 Tenotomy; shoulder
27605-27606 Tenotomy, percutaneous, Achilles tendon

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Geisinger Technology Assessment Committee. TX1 Tissue Removal System (Tenex Health) for Ablating and Removing Tissue. Jan 8, 2014.

ECRI, HTAIS Hotline. TX1 Tissue Removal System (Tenex Health) for Ablating and Removing Tissue. May 22, 2013.

Winifred S. Hayes, Hayes Inc. Online. Tenex Health TX Procedure (Tenex Health Inc.) for Treatment of Tendon Pain. May 27, 2014.

Barnes DE, Beckley JM, Smith J. Percutaneous ultrasonic tenotomy for chronic elbow tendinosis: a prospective study. J Shoulder Elbow Surg. 2015; 24(1):67-73.

Seng C, Mohan PC, Koh SB, et al. Ultrasonic percutaneous tenotomy for recalcitrant lateral elbow tendinopathy: sustainability and sonographic progression at 3 years. Am J Sports Med. 2016; 44(2):504-510.

Sanchez PJ, Grady JF, Saxena A. Percutaneous ultrasonic tenotomy for Achilles tendinopathy is a surgical procedure with similar complications. J Foot Ankle Surg. 2017; 56(5):982-984.

Battista CT, Dorweiler MA, Fisher ML, Morrey BF, Noyes MP.(2017) Ultrasonic Percutaneous Tenotomy of Common Extensor Tendons for Recalcitrant Lateral Epicondylitis. Tech Hand Up Extrem Surg. Nov 16 2017

Chimenti RL, Stover DW, Fick BS, Hall MM. Percutaneous ultrasonic tenotomy reduces insertional achilles tendinopathy pain with high patient satisfaction and a low complication rate. 2018 October 2.
Al-Ani Z, Jacobsen EW, Kartus JT et al. Radiofrequency microtenotomy: a promising method for treatment of rotator cuff tendinopathy. Knee Surg Sports Traumatol Arthrosc, 2019 Sep 2.

Altahawi F, Li X, Demarest B, Forney MC. Percutaneous ultrasonic tenotomy with the TX-1 device versus surgical tenotomy for the treatment of common extensor tendinosis. Skeletal Radiol. 2021; 50(1):115-124.

Vajapey S, Ghenbot S, Baria MR, et al. Utility of percutaneous ultrasonic tenotomy for tendinopathies: a systematic review. Sports Health. 2021; 13(3):258-264

Chalian M, Nacey NC, Rawat U, et al. Ultrasound-guided percutaneous needle tenotomy using Tenex system for refractory lateral epicondylitis; short and long-term effectiveness and contributing factors. Skeletal Radiol. 2021; 50(10):2049-2057.

Ang BFH, Mohan PC, Png MA, et al. Ultrasonic percutaneous tenotomy for recalcitrant lateral elbow tendinopathy: clinical and sonographic results at 90 months. Am J Sports Med. 2021; 49(7):1854-1860

Maag L. Linder S, Hacket L et al Effectiveness of percutaneous needle tenotomy for tendinopathies. A systematic review. Sports Health 2024 Sep 5:19417381241275659.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 7/2014

Revised: 7/22 (revise title, clarified exclusion), 7/24 (refine exclusion)

Reviewed: 8/2015, 8/16, 7/17, 6/18, 7/19, 7/20, 7/21, 7/23, 7/25, 7/26

CMS UM Oversight Committee Approval: 12/23, 7/24, 10/25, 9/26

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.