

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.092.MH
Last Review Date: 05/09/2019
Effective Date: 07/01/2019

MP.092.MH – Non Vascular Extremity Ultrasound

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Non Vascular Extremity Ultrasound** medically necessary for the following indications:

Extremity Ultrasound Only

Extremity ultrasound (complete and limited) is covered as a diagnostic tool for any of the following:

- A. To detect cysts, abscesses and effusions
- B. To distinguish solid tumors from fluid-filled cysts
- C. To evaluate plantar fasciitis unrelated to spondyloarthropathy:
 - Only as one time useAND
 - Only after a failed course of conservative management
 - Note: Diagnostic ultrasound is NOT to be used in making an initial diagnosis
- D. To aid in the diagnosis of (and surgical removal) foreign bodies
- E. To evaluate:
 - Joints
 - Ligaments
 - Nerve compression
 - Neuromas (when the clinical impression is not obvious)
 - Soft tissue masses
 - Stress fractures
 - Tendons (including tears, especially those that are partial, tendonitis and tendosynovitis)
 - Pain, swelling, and/or unidentified masses in the axilla

Ultrasound Used as Guidance for Injections, Aspirations, and/or Intravascular Line

When Ultrasound is used as a guidance tool during a procedure, it is considered global to the procedure and, therefore, is not separately payable.

Limitations

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

1. Extremity ultrasound must be performed by individuals who possess the knowledge and skill required for the proper performance of this test. This includes, but is not limited to:

- Physicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Qualified technicians (sonographers).

Note: Sonographers, NPs or PAs must be under the general supervision of a physician. Documentation of training and/or qualifications must be kept on file and be made available upon request.

2. Extremity ultrasound is limited to studies of the arms and legs.

- It is not necessary to image the entire extremity with every diagnostic study - only the medically necessary areas should be imaged.

3. Extremity ultrasound is considered **not medically necessary** for the following conditions:

- Plantar warts
- Neuromas (where the clinical impression is obvious and ultrasound is not likely to add further information)
- Bunions
- Paronychia
- Cellulitis without abscess associated
- Plantar fasciitis
- Visible and/or palpable superficial abscesses
- Superficial ganglia
- Solitary cyst of breast

Note: Ganglion cysts and lesions of plantar nerve may be evaluated, under certain clinical circumstances, with submission of the appropriate supporting documentation.

4. Non vascular ultrasound is not the diagnostic study of choice and, therefore, **not medically necessary** for the following:

- Avascular necrosis
- Chondromalacia patella
- Cruciate ligament disorder
- Hoffa's fat pad
- Labrum disorders of the hip or shoulder

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

- Intra articular loose bodies
 - Marrow disorders
 - Meniscal disorders
 - Osteochondritis dissecans/osteochondral defect
 - Os trigonum syndrome
 - Osteomyelitis
 - Plantar plate injuries
 - Sesamoid complex disorders
 - Shoulder dislocation
 - Spurs (including those of the shoulder) and tumors
5. Bilateral studies are allowed only if there is pathology of both extremities indicating medical necessity for two (2) distinct examinations.
Note: It is not medically necessary to perform the contralateral extremity as a control, and is therefore not covered.
6. Lesion of plantar nerve and plantar fascia may be considered on a case-by-case basis with appropriate supporting documentation.

Background

The Centers for Medicare and Medicaid Services (CMS) defines ultrasound of the extremity as a non-invasive imaging technique that uses high-frequency sound waves to evaluate the extremities (arms and legs including shoulders, hips, hands and feet), providing real-time, two-dimensional images. Longitudinal, transverse and oblique images of the area of interest are obtained. Musculoskeletal Ultrasound (MSK US) is highly operator dependent, making proper equipment and technique critical to obtaining an accurate examination. Basic knowledge of ultrasound physics and proper use of the controls are needed to produce adequate images.

Ultrasound (US), echography and sonography are terms that may be used interchangeably to describe this particular imaging technique.

Physicians who perform and/or interpret diagnostic Musculoskeletal (MSK) US examinations should be licensed medical practitioners who have a thorough understanding of the indications and guidelines for MSK US examinations as well as a familiarity with the basic physical principles and limitations of the technology of US imaging. They should be familiar with the best method of imaging for extremity abnormalities. They should have an understanding of US technology, instrumentation, US power output, equipment calibration, and safety. Physicians responsible for diagnostic MSK US examinations should be able to demonstrate familiarity with the

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

anatomy, physiology, and pathophysiology of the anatomic areas that are being examined. These physicians should provide evidence of the training and competence needed to perform and/or interpret diagnostic MSK US examinations successfully. The training should include methods of documentation and reporting of US studies. The diagnostic medical sonographer should be qualified, by appropriate training, to perform diagnostic ultrasound. This qualification can be demonstrated by certification through a nationally recognized certifying body.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
76881	Ultrasound extremity, non-vascular, real time with image documentation, complete
76882	Ultrasound extremity, non-vascular, real time with image documentation, limited, anatomic specific
76942	Ultrasound guidance for needle placement (e.g., biopsy, aspiration, injection, localization devices)
ICD-10 codes covered if selection criteria are met:	
C49.3	Malignant neoplasm of connective and soft tissue thorax
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C76.40	Malignant neoplasm of unspecified upper limb
C76.50	Malignant neoplasm of unspecified lower limb
C79.89	Secondary malignant neoplasm of other specified sites
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.14	Sezary's disease of lymph nodes of axilla and upper limb
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.74	Anaplastic large cell lymphoma, Alk-negative, lymph nodes of axilla and upper limb
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C91.40-C94.42	Hairy cell leukemia
C96.0	Multifocal and multisystemic disseminated Langerhans-cell histiocytosis
C96.2	Malignant mast cell tumor
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D17.79	Benign lipomatous neoplasm of other sites

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

D19.7	Benign neoplasm of mesothelial tissue of other sites
D21.10-D21.12	Benign neoplasm of connective and other soft tissue of upper limb, including shoulder
D21.22	Benign neoplasm of connective and other soft tissue of lower limb, including hip
D21.9 D21.20-	Benign neoplasm of connective and other soft tissue , unspecified
D36.12	Benign neoplasm of peripheral nerves and autonomic nervous system upper limb, including shoulder
D36.13	Benign neoplasm of peripheral nerves and autonomic nervous system lower limb, including hip
D36.7	Benign neoplasm of other specified sites
D48.0-D48.2	Neoplasm of uncertain behavior of bone and articular cartilage/ connective and other soft tissue/ peripheral nerves and autonomic nervous system
D48.7	Neoplasm of uncertain behavior of other specified sites
D48.9	Neoplasm of uncertain behavior, unspecified
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D78.01-D78.02	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen or other procedure
D78.21-D78.22	Intraoperative hemorrhage and hematoma of the spleen following procedure on the spleen or other procedure
E36.01-E36.02	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating a procedure on the endocrine system or other procedure
G56.00-G56.02	Carpal tunnel syndrome
G56.20-G56.22	Lesion of ulnar nerve
G57.10-G57.12	Meralgia paresthetica
G57.20-G57.22	Lesion of femoral nerve
G57.30-G57.32	Lesion of lateral popliteal nerve
G57.40-G57.42	Lesion of medial popliteal nerve
G57.50-G57.52	Tarsal tunnel syndrome
G57.60	Lesion of plantar nerve, unspecified lower limb

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

G97.31-G97.32	Intraoperative hemorrhage and hematoma of a nervous system or structure complicating a nervous system or other procedure
G97.51-G97.52	Intraoperative hemorrhage and hematoma of a nervous system or structure following a nervous system or other procedure
H59.111- H59.329	Intraoperative and postprocedural complications and disorders of the eye and adnexa, not classified elsewhere
H95.21-H95.22	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating a procedure either on the ear mastoid process, or other
I97.410-I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ complicating a procedure on the catheterization, bypass, or other
I97.610-I97.62	Postprocedural hemorrhage and hematoma of a circulatory system organ or structure following catheterization, bypass, or other
J95.61-J95.62	Intraoperative hemorrhage and hematoma of the respiratory system complicating a procedure
J95.83-J95.831	Postprocedural hemorrhage and hematoma of the respiratory system following a procedure
K91.61-K91.82	Intraoperative hemorrhage and hematoma of digestive system complicating a procedure
K91.840- K91.841	Postprocedural hemorrhage and hematoma of digestive system following a procedure
L02.41-L02.439	Abscess of limb
L02.51-L02.519	Abscess of hand
L02.60-L02.619	Abscess of foot
L02.811	Cutaneous abscess of head (any part, except face)
L02.818	Cutaneous abscess of other sites
L02.91	Cutaneous abscess, unspecified
L03.11-L03.119	Cellulitis of upper/lower limbs except fingers and toes
L03.121-L03.129	Acute lymphangitis of limb
L03.811-L03.898	Cellulitis or Acute lymphangitis of head
L03.90-L03.91	Cellulitis and acute lymphangitis, unspecified
L40.5-L40.59	Arthropathic psoriasis
L76.01- L76.02	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating a dermatological or other procedure

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

L76.21- L76.22	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue following a dermatological or other procedure
M05.11-M05.9; M06.00-M06.9	Rheumatoid arthritis
M08.1	Juvenile ankylosing spondylitis
M10.0-M10.29	Gout
M1A.00- M1A.9XX1	Chronic Gout
M11.11-M11.179	Familial chondrocalcinosis of extremities upper/lower
M11.19	Familial chondrocalcinosis multiple sites
M11.21-M11.279	Other chondrocalcinosis of extremities upper/lower
M11.29	Other chondrocalcinosis multiple sites
M11.81-M11.879	Other specified crystal arthropathies of extremities upper/lower
M11.89	Other specified crystal arthropathies multiple sites
M15.0-M15.9	Polyosteoarthritis
M16.0-M16.9	Osteoarthritis of hip
M17.0-M17.9	Osteoarthritis of knee
M18.0-M19.93	Osteoarthritis of carpometacarpal joint and other/unspecified osteoarthritis
M23.009	Cystic meniscus, unspecified meniscus, and unspecified knee
M23.40-M23.42	Loose body in knee, unspecified knee
M25.00-M25.9	Other joint disorder, not elsewhere classified
M35.4	Diffuse (eosinophilic) fasciitis
M45.0-M45.9	Ankylosing spondylitis
M46.50-MP46.59	Other infective spondylopathies
MP46.80- M46.89	Other specified inflammatory spondylopathies
M48.40XA- M48.48XA	Fatigue fracture of vertebra
M48.8X1- M48.8X9	Other specified spondylopathies
M60.21-M60.28	Foreign body granuloma of soft tissue

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

M62.20-M62.89	Nontraumatic ischemic infarction of muscle
M65.00-M65.9	Synovitis and tenosynovitis
M66.0	Rupture of popliteal cyst
M66.11-M66.18	Rupture of synovium
M66.211-M66.39	Spontaneous rupture of extensor and flexor tendons
M66.80-M66.89	Spontaneous rupture of other tendons
M67.00-M67.99	Other disorders of synovium and tendon
M70.10-M70.99	Bursitis and other soft tissue disorders related to use, overuse, and pressure
M71.00-M71.9	Other bursopathies
M72.2*-M72.9	Plantar fascial fibromatosis and other fibroblastic disorders
M75.00-M75.02	Adhesive capsulitis of shoulder
M75.10-M75.122	Complete/incomplete/unspecified tear/rupture of rotator cuff
M75.20-M75.82	Other tendinitis, impingement, bursitis of shoulder region
M76.00-M76.32	Gluteal tendinitis, Psoas tendinitis, Iliac crest spur, Iliotibial band syndrome
M76.40-M76.42	Tibial collateral bursitis
M76.50-M76.72	Tendinitis in lower extremities
M76.81-M76.899	Anterior tibial syndrome/ Posterior tibial tendinitis
M77.00-M77.8	Epicondylitis, periarthrits of the wrist, and other enthesopathy of foot
M79.0-M79.4	Other and unspecified soft tissue disorders, not elsewhere classified
M79.5	Foreign body in soft tissue
M79.601-M79.676	Pain in limb, hand, foot, fingers, and toes
M79.89	Nontraumatic hematoma of soft tissue
M79.89	Other specified soft tissue disorders
M79.9	Soft tissue disorder, unspecified
M84.30XA-M84.38XS	Stress fracture including metatarsals
M96.810-M96.811	Postprocedural hemorrhage and hematoma of a musculoskeletal structure complication musculoskeletal or other procedures

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH
 Last Review Date: 05/09/2019
 Effective Date: 07/01/2019

M96.830- M96.831	Postprocedural hemorrhage and hematoma of a musculoskeletal structure following musculoskeletal or other procedures
N44.2	Benign cyst of testis
N44.8	Other noninflammatory disorders of the testis
N50.3	Cyst of epididymis
N50.8	Other specified disorders of male genital organs
N53.12	Painful ejaculation
N99.61-N99.62	Intraoperative hemorrhage and hematoma of a genitourinary system organ complicating a procedure
N99.820- N99.821	Postprocedural hemorrhage or hematoma of genitourinary system organ following a procedure
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R22.30-R22.9	Localized swelling, mass, and lump of skin in subcutaneous tissue of upper/lower limbs and unspecified
R29.4	Clicking hip
R29.898	Other symptoms and signs involving the musculoskeletal systems
R59.9	Enlarged lymph nodes, unspecified
S40.11A- S40.029S	Contusion of upper arm
S43.401A- S43.429S; S43.491A- S43.49XS	Sprain of specified sites of shoulder region
S46.001A- S46.399A; S46.809- S46.999A	Injury of muscle, fascia, and tendon at shoulder and upper arm level
S49.80XA- S49.92XS	Other and unspecified injuries to shoulder and upper arm
S50.00XA- S50.12XA	Contusion of elbow or forearm
S53.20XA- S53.32XA	Dislocation and/or subluxation of elbow

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

S53.401- S53.499S	Sprain of specified sites of elbow and forearm
S56.001A- S56.999A	Injury of muscle, fascia, and tendon at forearm level
S59.801A- S59.919A	Other and unspecified injuries to elbow and forearm
S60.211A- S60.219A	Contusion of the wrist
S63.301A- S63.92XS	Sprain of joints and ligaments in wrist and hand at specific sites
S66.001A- S66.999S	Injury of muscle, fascia, and tendon at wrist and hand level
S69.80XA- S69.92XA	Other and unspecified injuries to wrist, hand, and fingers
S70.00XA- S70.12XS	Contusion of hip and thigh
S72.301A- S72.399A	Unspecified fracture of shaft or unspecified femur, initial encounter for closed fracture
S73.001A- S73.046S	Dislocations and subluxation of hip
S73.101A- S73.199S	Sprain of specific sites at hip
S76.001A- S76.999S	Injury of muscle, fascia, and tendon at hip and thigh level
S79.811A- S79.929S	Other and unspecified injuries to thigh and hip
S80.00XA- S80.12XS	Contusion of knee and lower leg
S83.401A- S83.92XS	Sprains and strains of specific sites of the knee
S86.001A- S86.999S	Injury of muscle, fascia, and tendon at lower leg level
S89.80XA- S89.92XS	Other and unspecified injuries of Knee and lower leg

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

S90.00XA- S90.32XS	Contusion of ankle, foot, and toes
S93.401A- S93.699S	Sprains and strains of specific sites of the ankle and foot
S96.001A- S96.999S	Injury of muscle and tendon at ankle and foot level
S99.811A- S99.929S	Other and unspecified injuries of ankle and foot
T84.50XA- T84.59.XA	Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter
T84.60XA- T84.69XA	Infection and inflammatory reaction due to internal fixation device of unspecified site, initial encounter
T84.7XXA	Infection and inflammatory reactive due to other internal orthopedic prosthetic devices, implants and grafts, initial encounter
T87.40-T87.44	Infection of amputation stump, unspecified extremity
T88.8XXA	Other specified complications of surgical and medical care, not elsewhere classified, initial encounter
*M72.2 is covered/medically necessary when reported in conjunction with M45.9, M46.80, or M49.80	

References

- Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD). No. L35409– Non-Vascular Extremity Ultrasound. (Contractor: Novitas Solutions, Inc.). Revision Effective Date: 06/14/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35409&ver=49&Date=&DocID=L35409&bc=iAAAABAAAAA&A&>
- Cunnington J, Marshall N, Hide G, et al. A randomized, double-blind, controlled study of ultrasound-guided corticosteroid injection into the joint of patients with inflammatory arthritis. *Arthritis Rheum.* 2010 Jul;62(7):1862-9. doi: 10.1002/art.27448. <http://onlinelibrary.wiley.com/doi/10.1002/art.27448/pdf>
- Ekeberg OM, Bautz-Holter E, Tveita EK, et al. Subacromial ultrasound guided or systemic steroid injection for rotator cuff disease: randomized double blind study. *. BMJ.* 2009 Jan 23;338:a3112. doi: 10.1136/bmj.a3112. <http://www.bmj.com/content/338/bmj.a3112.pdf%2Bhtml>

MP.092.MH – Non Vascular Extremity Ultrasound

Policy Number: MP.092.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

4. Hall S, Buchbinder R. Do imaging methods that guide needle placement improve outcome?" *Ann Rheum Dis.* 2004 Sep;63(9):1007-1008.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1755121/pdf/v063p01007a.pdf>
5. Naredo E, Cabero F, Beneyto P, et al. A randomized comparative study of short term response to blind injection versus sonographic-guided injection of local corticosteroids in patients with painful shoulder. *J Rheumatol.* 2004 Feb;31(2):308-314. <http://www.jrheum.org/content/31/2/308.full.pdf>
6. Raza K, Lee CY, Pilling D, et al. Ultrasound guidance allows accurate needle placement and aspiration from small joints in patients with early inflammatory arthritis. *Rheumatology.* 2003 Aug; 42(8):976-979.
<http://rheumatology.oxfordjournals.org/content/42/8/976.full>
7. Shanahan EM, Amith MD, Wetherall M, et al. Suprascapular nerve block in chronic shoulder pain: are the radiologists better? *Ann Rheum Dis.* 2004 Sep;63(9):1035-1040. <http://ard.bmj.com/content/63/9/1035.full.pdf+html>
With Correction: *BMJ* 2009; 339:b4730. doi: <http://dx.doi.org/10.1136/bmj.b4730>
(Published 12 November 2009). <http://www.bmj.com/content/339/bmj.b4730>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.