Percutaneous Ultrasonic Ablation of Soft Tissue

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Percutaneous ultrasonic ablation of soft tissue is investigative and therefore NOT COVERED.

Description

Percutaneous ultrasonic ablation, also known as focused aspiration of soft tissue (FAST), percutaneous ultrasonic fasciotomy, and percutaneous ultrasonic tenotomy, combines the use of ultrasound imaging and a minimally invasive needle-like probe that uses ultrasonic energy to visualize, cut and remove diseased or damaged tissue in individuals with tendinopathies.

To begin, an ultrasound is done to determine the location of the degenerated tissue. The physician numbs the skin and makes a small incision. The physician then inserts the probe into the opening, guided by ultrasound imaging. The probe produces ultrasonic energy, which purportedly breaks down the damaged tissue directly ahead of it. At the same time, a built-in inflow-outflow fluid system simultaneously irrigates and sucks up the broken down/emulsified tissue. Once the tissue is cleared away, the probe is removed and a bandage is placed over the incision. Common sites for use include the Achilles, patellar, elbow, wrist, rotator cuff and foot (plantar fasciitis) tendons. The procedure is generally performed outpatient in a physician’s office or surgical center.

The procedure is performed using such devices as the Tenex Health TX System and the TX1 Tissue Removal System.

FDA Approval

Tenex Health received initial 510(k) clearance for the TX1 Tissue Removal System on March 20, 2013 and for the Tenex Health TX System on March 3, 2016.
Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- 23405 – tenotomy, shoulder area (single tendon)
- 23406 – tenotomy, shoulder area (multiple tendons – same incision)
- 24357 – tenotomy, elbow, lateral or medial (e.g., epicondylitis, tennis elbow, golfer’s elbow); percutaneous
- 27000 – tenotomy, adductor of hip, percutaneous (separate procedure)
- 27005 – tenotomy, hip flexor – inpatient only
- 27006 – tenotomy, abductor and/or extensor of hip
- 27306 – tenotomy, percutaneous, single tendon (separate procedure)
- 27605 – tenotomy, percutaneous, Achilles tendon (separate procedure)

Original Effective Date: 1/20/2020
Re-Review Date(s):