

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.092.MH

Last Review Date: 05/10/2018

Effective Date: 07/01/2018

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

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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

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- 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

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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 | |
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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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, periarthrosis 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 |

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| 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 |

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| 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 |

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| 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: 01/01/2018. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35409&ver=41&Date=&DocID=L35409&bc=iAAAABABAAA 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>

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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>

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