Policy Title:	Policy – Ultrasonic Guided Percutaneous Needle Tenotomy (USPNT)	Number & Version:	UM-USPNT_Tenotomy
Functional Unit:	Utilization Management	Effective Date:	07/10/2023
Policy Owner (Title):	Director, Utilization Management	Page Number:	1 of 4

I. POLICY STATEMENT and PURPOSE

The purpose of this policy is to describe the circumstances under which Ultrasonic Guided Percutaneous Needle Tenotomy (USPNT) (e.g. Tenex) would or would not be considered medically necessary for members under the guidelines used for clinical review of organizational determinations.

II. BACKGROUND

Tendinopathy describes a complicated pathology of the tendon, characterized by pain, decline in function and reduced exercise tolerance. Frequently, overuse tendinopathies involve the rotator cuff tendon, medial and lateral elbow epicondyles, patellar tendon, gluteal tendons and the Achilles tendon (Millar, 2021).

Conservative treatments for tendinopathy consist of activity modification, relative rest, ice, stretching, and strengthening. Pharmacotherapy may include non-steroidal anti-inflammatories and corticosteroids. More aggressive treatments include extracorporeal shockwave, radiofrequency, laser therapy, ultrasound, iontophoresis, phonophoresis, sclerotherapy, hyperthermia, and injection of platelet-rich plasma. Surgery is considered a final treatment option after failure of nonoperative measures. The most commonly described procedure is open debridement with repair or augmentation of the tendon (BMJ, 2022; Andres, 2008).

USPNT is a minimally invasive procedure used to break down and remove the damaged tendon tissue to treat tendinitis. This procedure was formerly known as focused aspiration of soft tissue (FAST), is a minimally invasive device used for the treatment of tendinitis. Ultrasound imaging is used to determine the location of degenerated tendon tissue. A therapeutic probe is then inserted into the damaged tissue under ultrasound imaging. Using ultrasonic energy, the therapeutic probe vibrates rapidly to break up the damaged tissue, which is then suctioned out. This tendon ablation procedure is known by several terms, including percutaneous ultrasonic tenotomy, percutaneous needle tenotomy, percutaneous ablation, and percutaneous fasciotomy (Hayes, 2021).

III. SCOPE

This Policy applies to USPNT procedures and devices used for USPNT.

IV. DEFINITIONS

Tendinopathy: A clinical condition characterized by pain, swelling, and functional limitation of the tendon and contiguous anatomical structures. Most tendon pathologies are due to overuse conditions as a result of work or sport (Loiacono, 2019).

Ultrasonic Guided Percutaneous Needle Tenotomy (USPNT): USPNT is a procedure performed with an ultrasonic device involving a needle which oscillates at high frequency (e.g. Tenex) to debride and aspirate diseased tendon under ultrasound image guidance (Chalian, 2021).

Medically Necessary – Covered Services rendered by a Health Care Provider that the Plan determines are:

1) Safe and effective
2) Not experimental or investigational
3) Appropriate for patients,
   a) including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is—
      i) furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member,
      ii) furnished in a setting appropriate to the patient's medical needs and condition,
      iii) ordered and furnished by qualified personnel,
      iv) one that meets, but does not exceed, the patient's medical need; and
      v) is at least as beneficial as existing and available medically appropriate alternatives.

V. OWNERSHIP & TRAINING

The Director of Utilization Management is responsible for administration, oversight, and training regarding performance under this Policy.

VI. PROTOCOLS / COVERAGE POLICY

USPNT is not considered medically necessary for the treatment of tendinopathy. Insufficient evidence and/or analysis exists of current and prior studies to determine if the results are superior to conventional treatment for the typical tendinopathy sites (Hayes, 2021) (Challoumas 2020).

VII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs)	None
CMS Local Coverage Determinations (LCDs)	None
CMS Articles	None

VIII. PROFESSIONAL REFERENCES / CITATIONS

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2. BMJ Best Practice. Tendinopathy. March 9, 2023. Accessed at: https://bestpractice.bmj.com/topics/en-us/582 on May 11, 2022.

3. Chalian, M., Nacey, N. C., Rawat, U., Knight, J., Lancaster, T., Deal, D. N., & Pierce, J. (2021). Ultrasound-guided percutaneous needle tenotomy using Tenex system for refractory lateral epicondylitis; short and long-term effectiveness and contributing factors. Skeletal radiology, 50(10), 2049–2057. https://doi.org/10.1007/s00256-021-03778-9 Accessed at: https://pubmed.ncbi.nlm.nih.gov/33837827/ on April 19, 2023.

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7. Millar, N. L., Silbernagel, K. G., Thorborg, K., Kirwan, P. D., Galatz, L. M., Abrams, G. D., Murrell, G., McInnes, I. B., & Rodeo, S. A. (2021). Tendinopathy. Nature reviews. Disease primers, 7(1), 1. https://doi.org/10.1038/s41572-020-00234-1 Accessed at: https://pubmed.ncbi.nlm.nih.gov/33414454/ on April 19, 2023.

IX. RELATED POLICIES / PROCEDURES

None

X. ATTACHMENTS

None

APPROVALS:

	Printed Name	Signature
Senior Medical Director, UM:	Michael Fusco, MD	
Corporate Chief Medical Officer (QMMC Chair):	Debbie Zimmerman, MD	

VERSION HISTORY:

Version #	Date	Author	Purpose/Summary of Major Changes
01	05/11/2022	Gina Vehige	Original
02	04/19/2023	Gina Vehige	Original with Updated Reference checks; no change in coverage recommendation; FINAL Approved by MMC 6/30/2023; Effective 07/10/2023