



## Medica Central Coverage Policy

**Policy Name:** Percutaneous Ultrasonic Ablation of Soft Tissue MP9725

**Effective Date:** 05/01/2024

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central 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 unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

### 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.



## Medica Central Coverage Policy

### 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

- **17999** – Unlisted procedure, skin, mucous membrane and subcutaneous tissue
- **20999** - Unlisted procedure, musculoskeletal system, general

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	January 17, 2024
Revised:		
Reviewed:		

Original Effective Date: 05/01/2024

Re-Review Date(s):

Administrative Update: 05/05/2025 – CPT code update

© 2025 Medica