**Medical Policy**

**Title:** Alcohol Injection Therapy for Morton’s Neuroma

**Professional**
- Original Effective Date: June 3, 2011
- Revision Date(s): April 26, 2013
- Current Effective Date: June 3, 2011

**Institutional**
- Original Effective Date: June 3, 2011
- Revision Date(s): April 26, 2013
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State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member’s benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

**DESCRIPTION**

Percutaneous alcohol nerve sclerosing (PANS) injection (aka alcohol sclerosing injection, nerve sclerosing injection) is a neurotherapeutic procedure that involves injection of a weak alcohol solution near a target nerve tissue in order to eliminate or diminish the ability of the nerve to transmit pain signals. PANS involves directing a needle through the skin to the site just proximal to or at the level of the reported pain and injecting a solution of 4% to 29% ethyl alcohol or ethanol to the site of the specific target peripheral nerve. Based on published studies to date, concentrations of less than 30%, while therapeutic, are not shown to be destructive.

Percutaneous alcohol nerve destruction (PAND) is a neurolytic procedure that involves injection of a strong concentration of alcohol solution into the target nerve tissue to destroy the ability of the nerve to transmit pain signals, thereby reducing pain sensation. PAND involves directing a needle through the skin to the site of reported pain or other
symptoms proximal to or at the level of a specific peripheral nerve and injecting to the specific symptomatic peripheral nerve and injecting a solution 30% to 100% ethyl alcohol, or ethanol into the target nerve tissue in order to destroy the tissue.

Injections of alcohol solutions (of varying concentrations) have been proposed as a method of treating chronic nerve pain of the foot or ankle that is refractory to other conservative treatment. The most common neuropathies of the foot treated using alcohol solution injections include Morton's type neuromas.

A Morton's neuroma (also known as a Morton's intermetatarsal neuroma) is a common, paroxysmal neuralgia (compression neuropathy) of the plantar common digital nerves affecting the web spaces of the toes. While commonly associated with the third web space, Morton's-type neuroma may occur in any of the digital web spaces. For the purpose of this policy, Morton's neuroma is considered a synonym for any forefoot neuroma. The reported symptoms vary from numbness and tingling to sharp, aching, burning, and/or radiating pain. Symptoms may increase in intensity with weightbearing and activity to the point that individual have to stop what they are doing in order to relieve the pain. Some patients report temporary relief with removing or changing their shoes, massaging the foot and moving the toes.

**Diagnostic Testing**

A variety of clinical maneuvers have been described in the diagnosis of Morton's-type neuroma. They include a positive Mulder's sign (compression of the forefoot - 1st and 5th metatarsal heads) while applying pressure to the web spaces; Gauthier's test (forefoot is compressed with medial to lateral pressure applied); Bratkowski's test (hyperextending the toes while simultaneously rolling the thumb over the area of reported symptoms); palpation or percussion of the affected web space may elicit local sharp pain, a positive Tinel's sign or positive Valleix phenomenon of radiating pain.

Radiographs do not reveal neuromas. While a radiographic study may be ordered to rule out the presence of musculoskeletal pathology (e.g., stress fracture, metatarsal-phalangeal joint pathology, exostosis, foreign body, or nodules), x-ray studies are not medically necessary to diagnose or rule out the presence of a neuroma.

While diagnostic ultrasound has been recommended for evaluation of the interspaces/web space in confirming a Morton's-type neuroma, the medical necessity for performing diagnostic ultrasound is questionable when clinical testing and a positive history of present illness makes the diagnosis.
POLICY

A. Clinical Indications for Percutaneous Alcohol (4-29% solution) Nerve Sclerosing (PANS) Injections

PANS injections are considered medically necessary for treatment of Morton’s neuroma when all of the following conservative therapies, performed within 6 months of the initiation of PANS, have been attempted and have been documented as having failed:

1. Change in shoe types that are reported to result in neuroma-like symptoms
2. Change or limitation in activities that are reported to result in neuroma-like symptoms
3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by "spreading the metatarsals"
4. Cortisone injections administered 2 (minimum) to 3 times in a 6 week period (unless documented to be otherwise contraindicated)

PANS injections are expected to be performed according to the following protocol:

1. Two injections (CPT 64455 administered at 5-10 day intervals)
   Note: If the patient is unable to tolerate a second injection, PANS treatment would be terminated.
2. If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 5 additional (or less if the patient reports elimination of neuroma symptoms) injections at 5-10 day intervals may be administered if symptoms persist.
3. If, however, two consecutive PANS injections fail to achieve continued and clinically significant symptom improvement, subsequent PANS injections would be considered not medically necessary and not reimbursed. Documentation failing to report interval status improvements prior to the administration of the next injection will be considered to be evidence of a lack of symptom improvement.

B. Clinical Indications for Percutaneous Alcohol (30-100% solution) Nerve Destruction (PAND) Injections

PAND injections (CPT 64632) are considered medically necessary for treatment of Morton’s neuroma when all of the following conservative therapies, performed within 6 months of the initiation of PAND, have been attempted and have been documented as having failed:

1. Change in shoe types that are reported to result in neuroma-like symptoms
2. Change or limitation in activities that are reported to result in neuroma-like symptoms
3. Use of metatarsal pads (placed proximal to the metatarsal heads) to reduce pressure on the nerve by "spreading the metatarsals"
4. Cortisone injections administered 2 (minimum) to 3 times in a 6 week period (unless documented to be otherwise contraindicated)
5. A minimum of 2 percutaneous alcohol nerve sclerosing injections with no significant clinical improvement documented. Initiation of PAND injections would not be appropriate if PANS injections are not tolerated.

PAND injections are expected to be performed according to the following protocol:
1. Ultrasonic or fluoroscopic imaging guidance (hard copy clear images must be recorded and available, upon request, for review)
   NOTE: The imaging guidance needle placement is considered part of the injection global fee and not separately reimbursed.
2. If there is a clinically significant positive response - symptoms reduced - reported and documented after 2 injections, up to 3 additional (or less if the patient reports elimination of neuroma symptoms) injections at 14 day intervals may be administered.
3. If, however, two consecutive PAND injections fail to achieve continued and clinically significant symptom improvement, subsequent PAND injections would be considered not medically necessary and not reimbursed. Documentation failing to report interval status improvements prior to the administration of the next injection will be considered to be evidence of a lack of symptom improvement.

C. PANS injections and PAND injections are considered not medically necessary when the above indications are not met.

Policy Guidelines
1. The medical record must adequately describe the patient's clinical state (history, physical findings, laboratory and other tests), e.g., identification of the problem including diagnosis, precipitating events, quantity and quality of pain, test results, response to previous conservative treatment, as well as any other pertinent evaluation and management elements of the history, examination, and medical decision making.

2. The medical record must contain documentation indicating the reason for the procedure, the concentration of the alcohol solution injected, and a description of the procedure performed - including whether imaging guidance was used.

3. When a specific neuroma is injected, it will be considered one injection service regardless of the number of injections administered at that specific anatomical location on a single date of service.

4. The medical necessity for injections of more than two sites at one session is considered uncommon. Performance and submitting claims for such injections are likely to result in a request for medical records that must clearly document the medical necessity of these additional injections.
5. Failure of percutaneous alcohol nerve sclerosing (PANS) injections to achieve long term elimination or clinically significant reduction in symptoms precludes the medical necessity for repeated or continued PANS injections.

6. Failure of percutaneous alcohol nerve destruction (PAND) injections to achieve long term elimination or clinically significant reduction in symptoms precludes the medical necessity for repeated or continued PAND injections.

7. Payment for all substances injected is included in the amount paid for the injection and not separately reimbursable.

**RATIONALE**

The available literature regarding weak and concentrated alcohol solution injections contains varied conclusions. Thomson, et al, in a review of the current literature, cited that there is insufficient evidence with which to assess the effectiveness of surgical and non-surgical interventions for Morton's neuroma and that well designed trials are needed to begin to establish an evidence base for the treatment of Morton's neuroma pain (Thomson, 2001). Serial ethanol injection therapy has been reported to be an effective alternative to surgical excision (Fanucci, 2004). However, despite wide adoption of this treatment, no randomized, double blinded, placebo-controlled study exists to verify the efficacy of this treatment in comparison to longer standing similar therapies such as corticosteroid injection.

A randomized, double-blind, placebo-controlled clinical trial, Comparison of Corticosteroid and Ethanol Injection Therapy in the Treatment of Morton's Neuroma, continues to recruit participants. In this trial, 120 subjects will be randomized to three treatments, specifically lidocaine injection, corticosteroid injection, or ethanol injection. Outcomes will be assessed at 3, 6, and 12 month time points using validated questionnaires as well as a non-validated disease specific questionnaire. Primary endpoint will be graded change in the physical function portion of the Medical Outcomes Study short form (SF-36) (NCT00284583).
CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

For Percutaneous Alcohol Nerve Sclerosing (PANS) injections:
64455 Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton’s neuroma)

For Percutaneous Alcohol Nerve Destruction (PAND) injections (Morton’s neuroma):
64632 Destruction by neurolytic agent; plantar common digital nerve

DIAGNOSIS

355.6 Lesion of plantar nerve (Morton's metatarsalgia, neuralgia, or neuroma)

ICD-10 Diagnoses (Effective October 1, 2014)
G57.61 Lesion of plantar nerve, right lower limb
G57.62 Lesion of plantar nerve, left lower limb

REVISIONS

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<tr>
<th>Date</th>
<th>Revision Details</th>
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<tbody>
<tr>
<td>06-03-2011</td>
<td>Policy added to the bcbsks.com web site.</td>
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<tr>
<td>04-26-2013</td>
<td>Policy reviewed.</td>
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<td>In Coding section:</td>
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<td>• Added ICD-10 diagnoses codes. (Effective October 1, 2014)</td>
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<td>Updated Reference section.</td>
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REFERENCES

3. Dockery GL. Alcohol Injection Targets Intermetatarsal Pain; Biomechanics; April 2002; pp 57-66.


15. "Injection Treatment for Morton's Neuroma"; Anthem Clinical UM Guideline; Jan 12, 2011


Other References
2. Blue Cross and Blue Shield of Kansas Podiatry Liaison Committee, January 2012; January 2013.