
Medical Policy



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***Current Policy Effective Date: 9/1/26**

Title: Treatment of Peripheral Nerve Entrapment and Carpal Tunnel Syndrome Using Novel Methods

Description

Carpal tunnel syndrome (CTS), which is caused by the entrapment of the median nerve at the wrist, is the most common peripheral nerve compression neuropathy. Other types of peripheral nerve entrapment include ulnar nerve entrapment also known as cubital tunnel syndrome. It occurs when the ulnar nerve is compressed, irritated, or stretched at the inner elbow, causing numbness or tingling in the pinky and ring fingers. While established surgical techniques have demonstrated reliable outcomes and safety profiles, innovations in minimally invasive approaches continue to emerge with balancing procedural safety, and efficiency, while ensuring minimal patient discomfort and recovery time.

Medical Policy Statement

The use of the following Novel Methods including MANOS, Thread Carpal Tunnel Release (TCTR) procedures, ultrasound-guided percutaneous carpal tunnel release (PCTR), and endoscopic release of ulnar nerve for cubital tunnel syndrome are **experimental and investigational** for treatment of peripheral nerve entrapment and Carpal Tunnel Syndrome

(CTS). There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

Hydrodissection for the treatment of peripheral nerve entrapment including carpal tunnel syndrome (CTS) is **experimental and investigational**. There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

NOTE:

Carpal tunnel release is a relatively simple, safe and established procedure, done easily under local anesthetic with either open or endoscopic methods. Both of these methods involve a direct visualization of the median nerve with an exceptionally low rate of incomplete release.

These open and endoscopic procedures are represented by their own specific codes. CPT code 29848 describes endoscopic release of the transverse carpal ligament of the wrist.

CPT code 64721 describes a neuroplasty and/or transposition of the median nerve at the carpal tunnel and includes open release of the transverse carpal ligament.

Inclusionary and Exclusionary Guidelines

NA

CPT/HCPCS Level II Codes

Established codes:

NA

Other codes (investigational, not medically necessary, etc.):

25999^a

29999^{*}

64728

64999^b

Note: when the above codes a, b are specified as thread carpal tunnel release, MANOS, ultrasound-guided percutaneous needle release or Hydrodissection

* When this code represents endoscopic cubital tunnel release

Notes:

- *Code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.*
- *Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.*

Background

Carpel Tunnel Syndrome (CTS) is more prevalent among the working population due to repetitive and inappropriate use of the hands, carrying heavy loads, and hand exposure to vibration or high-pressure reducing work time and efficiency. Therefore, CTS contributes to occupational disability. Individuals may have symptoms of pain, weakness and/or numbness in the wrist and hand, radiating up the thumb and arm. Individuals who perform recurrent/repetitious activities are at increased risk for developing carpal tunnel syndrome. Carpal tunnel syndrome can develop with pregnancy and conditions that include rheumatoid arthritis, thyroid disease or diabetes.

Patients with CTS initially receive conservative management such as immobilization, rehabilitation, and nonsteroidal anti-inflammatory drugs. Corticosteroid injections are also given to decrease swelling and pressure on the median nerve. When conservative treatments fail to alleviate CTS symptoms, surgical intervention is recommended. The gold standard surgical approach is traditional endoscopic or open carpal tunnel release (OCTR), a proven effective procedure with fewer complications. However, OCTR may be accompanied by wound problems and requires a longer recovery time.

Peripheral Nerve Entrapment

Peripheral nerve entrapment, also known as entrapment neuropathy or nerve compression syndrome, occurs when a nerve is compressed or squeezed as it passes through a narrow space in the body, affecting both the upper and lower extremities. Symptoms of peripheral nerve entrapment include pain, paresthesia, numbness, muscle wasting and weakness in the affected area. Treatment traditionally ranges from conservative non-operative measures, including removing all local external compressive forces, administration of nonsteroidal anti-inflammatory drugs, tricyclic antidepressants, activity modification, and physical therapy program of stretching and strengthening.¹¹

Examples of Peripheral Nerve Entrapment Syndromes

Upper Extremities:

- Carpal Tunnel Syndrome: Compression of the median nerve at the wrist.
- Cubital Tunnel Syndrome: Compression of the ulnar nerve at the elbow.
- Radial Nerve Entrapment: Compression of the radial nerve in the upper arm or forearm.
- Anterior Interosseous Nerve Syndrome: Entrapment of the anterior interosseous nerve in the forearm, often causing weakness in certain hand movements.
- Pronator Syndrome: Compression of the median nerve in the forearm, potentially causing pain and numbness in the hand.

Lower Extremities:

- Peroneal Nerve Entrapment: Compression of the peroneal nerve around the knee, leading to foot drop and numbness.

- Tarsal Tunnel Syndrome: Compression of the tibial nerve in the ankle, causing pain and numbness in the foot.
- Meralgia Paresthetica: Compression of the lateral femoral cutaneous nerve in the thigh, causing pain and numbness in the outer thigh.
- Sciatic Nerve Entrapment: Compression of the sciatic nerve in the buttock or thigh.
- Baxter's Nerve Entrapment: Entrapment of the inferior calcaneal nerve in the heel.

Surgery for carpal tunnel syndrome includes cutting the transverse carpal ligament, removing pressure on the median nerve, and assists with reduction of symptoms. The conventional surgical approach is open surgery, where an incision is made at the base of the palm and the surgeon has direct view access to the ligament. Endoscopic surgery uses a small flexible tube with a camera attached and the surgeon can view the ligament for repair.

Ultrasound guided procedures has been used in the management of carpal tunnel syndrome since the 1980s. The first report of US-guided carpal tunnel release (CTR) was published in 1997, with cadaver and clinical reports confirming the safe navigation of surgical tools with US for division of the transverse carpal ligament. The MANOS CTR device was recently reported as a minimally invasive tool for CTR and may be well suited for use with US guidance¹.

MANOS

The MANOS Carpal Tunnel Release device is a blade that divides the transverse carpal ligament using wrist and palm skin punctures. The awake individual provides feedback as the surgeon navigates a 2.1-mm-diameter blunt probe across the undersurface of the ligament from a wrist incision with standard disposable nerve stimulator monitoring. The leading tip of the blunt probe is uninsulated and conducts 2 mA. The surgeon converts the blunt insulated probe into an uninsulated blade by advancing a 0.9-mm needle through the palm with a thumb-activated deployment feature. The surgeon saws the ligament through the 2 skin punctures.¹

A newer percutaneous technique, entitled “MANOS CTR”, uses passage of a blunt monitored probe under the transverse carpal ligament, using ultrasound control. The ligament is then divided after converting the blunt probe to an uninsulated blade, with ultrasound control. The MANOS technique was named after Dr. Manos from using ultrasound and a medical device called MANOS (MANOS CTR™, Thayer Intellectual Property, Inc., San Francisco, CA) for CTR, followed by three case reports.¹ 13-6 MHz transducer (Sonosite, Bothell, Washington, USA) positioned at the hook of the hamate and the tubercle of the trapezium was used to confirm safe zones of device insertion.

Thread Carpal Tunnel Release (TCTR)

(TCTR) is also a minimally invasive, incisionless, ultrasound-guided in-office procedure, for transecting the transverse carpal ligament. It treats carpal tunnel syndrome by using a specialized, abrasive thread to cut the transverse carpal ligament, relieving median nerve pressure. It is generally performed under local anesthesia in 10-15 minutes with only two small needle punctures.

Ultrasound-guided Percutaneous Carpal Tunnel Release (PCTR)

Percutaneous Carpal Tunnel Release (PCTR) combines identification and guidance of carpal tunnel anatomy using ultrasound with minimal incisions. Although the incision size varies across procedures, the reviewed studies used incision sizes ranging from ≤ 1 to 5 millimeters. The tool used to release the transverse carpal ligament also varies (e.g., hook knife, surgical thread, angled blade, needle). A percutaneous carpal tunnel release (PCTR) technique uses a hook knife introduced percutaneously at the wrist under ultrasound guidance.

Hydrodissection

Hydrodissection is a non-invasive procedure that uses ultrasound to treat peripheral nerve entrapment syndromes by injecting a saline solution or anesthetic solution around the nerve to separate it from the surrounding tissue, fascia or adjacent structures. Recently, hydrodissection has been proposed as an additional technique of treatment of peripheral nerve entrapment including carpal tunnel syndrome.

Endoscopic cubital tunnel release (eCUTR)

Endoscopic cubital tunnel release, or eCUTR, is a minimally invasive, promising, cutting-edge surgical technique devised to decompress the ulnar nerve as it passes through the cubital tunnel, which is located behind the bony bump on the inside of your elbow. Endoscopic cubital tunnel release allows surgical decompression of the ulnar nerve along its routes at all potential sites of compression under endoscopic guidance with smaller incisions (2 cm) than that used in open decompression in situ (4 cm).

Summary of Evidence

The evidence reviewed individuals with carpal tunnel syndrome who had surgery through MANOS, Thread Carpal Tunnel Release (TCTR), ultrasound-guided percutaneous carpal tunnel release (PCTR), hydrodissection, and/or Endoscopic cubital tunnel release (eCUTR). We reviewed one feasibility study, literature review, technical report, one observational, retrospective study, one randomized control trial (RCT), and four case studies. Overall, these minimally invasive techniques, ultrasound-guided ones, offer promising outcomes for individuals with carpal tunnel syndrome. They tend to reduce recovery times, have lower rates of complications and allow for quicker return to normal activities compared to open surgery. However, they require specialized training and careful use to avoid potential risks of nerve or artery injury. The studies reviewed were small and larger RCTs are recommended. Further treatment comparison studies are required to determine their comparative therapeutic efficacy and effect on health outcomes. There are only a few case series illustrating the outcome (up to 24 months) after endoscopic cubital tunnel decompression and anterior transposition. Endoscopic decompression and anterior transposition is a relatively new concept. Further studies are needed to compare its outcome with conventional anterior transposition and open technique. There is insufficient evidence to determine that the technology results in an improvement in net health outcomes.

Rationale

Evidence reviews assess the clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to individuals and to managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms. The following is a summary of the key literature to date.

Petrover et al (2016) evaluated the feasibility and 6 months clinical results of sectioning of the transverse carpal ligament (TCL) and median nerve decompression after ultra-minimally invasive, ultrasound-guided percutaneous carpal tunnel release (PCTR) surgery.² Consecutive patients with carpal tunnel syndrome were enrolled in this descriptive, open-label study. The procedure was performed in the interventional radiology room. Magnetic resonance imaging was performed at baseline and 1 month. The Boston Carpal Tunnel Questionnaire was administered at baseline, 1, and 6 months. 129 patients were enrolled into the study. Magnetic resonance imaging showed a complete section of all TCL and nerve decompression in 100% of patients. No complications were identified. In summary, Ultrasound-guided PCTR was used successfully to section the TCL, decompress the median nerve, and reduce self-reported symptoms.

Eberlin et al (2022), TUTUOR (Trial of Ultrasound guided CTR versus Traditional Open Release) is a randomized controlled trial in which 120 subjects at up to 12 sites in the United States were randomized (2:1) to receive CTR-US or mini open carpal tunnel release (mOCTR).³ The primary endpoint of the study is the percentage of patients who return to normal daily activities within 3 days of the procedure. Secondary endpoints of the study are median time to return to normal daily activities, percentage of patients who return to work within 3 days of the procedure, median time to return to work, Boston Carpal Tunnel Questionnaire Symptom Severity Scale (BCTQ-SSS) change score at 3 months, BCTQ Functional Status Scale (BCTQ-FSS) change score at 3 months, Numeric Pain Scale change score at 3 months, EuroQol-5 Dimension 5 -Level (EQ-5D-5L) change score at 3 months, and the incidence of device-or procedure-related adverse events at 3 months. Patient follow-up in this trial continued for 1 year. The trial aimed to determine if ultrasound guidance could improve the precision and efficacy of carpal tunnel release procedures compared to traditional open surgery methods. The results derived from the TUTOR will fill an important research gap because there is currently limited evidence directly comparing the safety and effectiveness of CTR-US and mOCTR. The final 1-Year results of this study was published in 2024 Mar 4;12(3):e5665. Doi, by Eberlin et al. In this multicenter randomized trial, CTR-US and mOCTR demonstrated similar improvement in CTS symptoms and quality of life with comparable low complication rates over 1 year of follow-up. Compared with mOCTR, CTR-US was performed with a smaller incision and associated with less scar discomfort. Given the comparable efficacy

and safety between these CTR techniques, the decision about technique should be made jointly between patient and surgeon after discussing individual factors such as preferences, activity level, and scar concerns.

Kamel et al (2021) A retrospective review was conducted of 61 ultrasound-guided carpal tunnel release procedures performed on 46 patients (15 bilateral procedures) with clinically diagnosed carpal tunnel syndrome.⁴ The procedures were performed with a single-use transection device and local anesthesia at an outpatient radiology office. Patients answered three questionnaires (Quick Disabilities of the Arm, Shoulder, and Hand [QDASH] and two parts of the Boston Carpal Tunnel Syndrome Questionnaire-the symptom severity [BCTSQ-SS] and functional status [BCTSQ-FS] scales) to assess the function of and discomfort in the affected wrist immediately before and 2 weeks and at least 1 year after the procedure. Higher scores indicated increasing disability. Patients also answered a global satisfaction question at follow-up. The pre-procedure and post-procedure scores were compared by paired Wilcoxon signed rank tests. Ultrasound-guided carpal tunnel release quickly improves hand function and reduces hand discomfort; improvement persists beyond 1 year. **CLINICAL IMPACT:** Ultrasound-guided carpal tunnel release may be a safe, effective, and less invasive alternative to traditional surgery.

Guo et al (2017) concludes that thread carpal tunnel release (TCTR) is a minimally invasive procedure for transecting the transverse carpal ligament (TCL) by cutting the ligament with a piece of thread looped percutaneously under the guidance of ultrasound (US).⁵ This procedure has been proposed as an alternative technique for performing carpal tunnel release for the treatment of CTS. To date, the published evidence has been limited by interventional challenges including risk for injuring the superficial palmar arterial arch (SPA) if the needle exits too distally or a risk of incomplete transaction of distal TCL if the needle exits too proximally. Other concerns include injury of the common digital branch or the communicating branch between the ulnar nerve and median nerve, called the Berrettini branch.

Park et al (2022) is a retrospective review study of total of 22 TCTR procedures performed on 19 patients by one physiatrist during a 42-month period. The diagnosis of carpal tunnel syndrome was based on standard clinical criteria including electromyography (EMG).⁶ Patients were divided into two groups, one dissected with commercial thread and the other with Smartwire-01. The technique was standardized by keeping the entry point at the middle of the palm and the exit point at just medial to the palmaris longus tendon. The Numeric Rating Scale (NRS) and Boston Carpal Tunnel Syndrome Questionnaire (BCTQ) were used to assess monthly outcomes for 6 months following the procedure. The Wilcoxon signed rank test and the Mann-Whitney-U test were performed to analyze the above variables in the two groups. Results: There was no definite evidence that the two groups have significant differences for any of the surveyed variables. The TCTR procedure with the newly developed thread also had significant improvements for all variables, showing its effectiveness in both pain and functional ability. The NRS and BCTQ severity and functional scales showed significant decreases just after the dissection and progressive improvement during each monthly follow-up of our study until the last assessment at 6 months. Conclusion: The study suggests that, the newly developed thread is as safe and effective as the commercial thread in TCTR, however, a randomized controlled trial with above methodology is recommended.

Wang et al (2019) evaluated the effectiveness of ultrasound-guided percutaneous carpal tunnel release in hemodialysis patients with carpal tunnel syndrome. From February 2009 to

April 2013, a prospective review of 113 consecutive cases of ultrasound-guided percutaneous carpal tunnel release was carried out in 84 hemodialysis patients. Results were analyzed by clinical subjective scale, two self-administered questionnaires, and functional evaluations at seven time points (1 week and 1, 3, 6, 12, 18, and 24 months). Results: Satisfactory symptom improvement in patients was 82%, 80%, 86%, 89%, 90%, 91%, and 90% at 1 week and 1, 3, 6, 12, 18, and 24 months postoperatively, respectively. Moderate pain was suffered in 11.5% of patients within 1 week, 8.8% within 1 month, 2.7% within 3 months, and none after 12 months postoperatively. Static two-point discrimination and Semmes-Weinstein monofilament examinations presented significant improvements after 1 week and 1 month postoperatively and with time. Postoperative grip power demonstrated recovery and a significant increase after 3 and 6 months postoperatively. Three-jaw chuck-pinch strength showed significant increase after 1 month postoperatively. There were no operative complications.⁷ Conclusion: Ultrasound-guided percutaneous carpal tunnel release is an effective and safe procedure in hemodialysis patients with carpal tunnel syndrome. The advantages include a less invasive procedure, no tourniquet needed, only limited infiltration anesthesia, minimal soft-tissue exploration, and relatively short operation time. Our data suggests this technique can reliably relieve clinical symptoms, with early restoration of grip and pinch strength.

Neo et al (2022) published an article “Hydrodissection for Carpal Tunnel Syndrome: A Systematic Review.” The purposes of this systematic review were to evaluate the safety and effectiveness of hydrodissection in carpal tunnel syndrome and to investigate the ideal parameters for injectate type, dosage, volume, and frequency; injection approach and technique; as well as operator experience and training required. The publishers searched the Embase, MEDLINE, and PubMed databases with supplemental searches in the CINAHL, Web of Science, and Google Scholar databases for relevant randomized controlled trials. Primary outcome measures were adverse outcomes and clinical effectiveness. Six randomized controlled trials involving 356 wrists were included. All studies used ultrasound guidance in their interventions. No safety-related adverse outcomes were found, although not all studies declared this. Only one study was placebo controlled and revealed symptomatic as well as functional improvements at 6 months, whereas the rest investigated hydro dissection with different injectate types.⁸ They concluded that nerve hydro dissection for carpal tunnel syndrome can be safely performed under ultrasound guidance. However, it is unclear whether the hydro dissection mechanism truly causes improvements in clinical outcomes. They were also unable to draw conclusions regarding the ideal procedure-related parameters. They recommended that future work should not only investigate safety and clinical effectiveness but also attempt to clarify the ideal procedure-related parameters.

Fok et al (2021) reported that Endoscopic cubital tunnel release (eCUTR) appears to be a promising technique in the management of cubital tunnel syndrome. Comparable clinical outcomes may be achieved in comparison to open decompression.¹² (eCUTR) has been reported as a promising minimally invasive technique. A systematic review of literature and meta-analysis by Salah Aldekhayel et al (2016)¹³ representing 425 open and 556 endoscopic decompressions and published in HAND journal in 2016 demonstrated similar effectiveness between the endoscopic (eCUTR) and open (OCTuR) techniques for treatment of idiopathic cubital tunnel syndrome with similar outcomes, complication profiles, and reoperation rates. However, it should be applied in selected patients who do not have preoperative evidence of nerve subluxation, previous traumatic injuries to elbow, or obvious anatomical pathology. Yet,

there is a lack of well-designed study, preferably an adequately powered, double blinded, randomized controlled trial to compare endoscopic decompression with open decompression.

Morse et al (2014) and Bolster et al (2014) reported that, with the need of using endoscopic equipment, endoscopic decompression is associated with a higher operative cost than open decompression. This may be related to increased operative time and requirements for use of a tourniquet to perform the procedure.^{14,15} Currently there is no study examining the cost effectiveness in open and endoscopic cubital tunnel decompression (Krejci et al,2018).¹⁶ If endoscopic decompression is associated with early return to work and low complication rate, an increase in the initial surgical cost may be justified (Law et al,2017¹⁷ and Jiang et al,2012)¹⁸ There are only a few case series illustrating the outcome (up to 24 months) after endoscopic cubital tunnel decompression and anterior transposition.^{1,19}

Supplemental Information

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

American Academy of Orthopedic Surgeons (AAOS): In 2016,⁹ the AAOS issued an evidence-based guideline on management of CTS (AAOS, 2016). The AAOS stated that limited evidence supports that if surgery is chosen as treatment, endoscopic carpal tunnel release (ECTR) should be used because of possible short-term benefits. This guideline did not mention Ultrasound-guided Percutaneous Carpal Tunnel Release (PCTR), MANOS or Thread Carpal Tunnel Release (TCTR).

American Academy of Orthopedic Surgeons (AAOS): In 2024,¹⁰ the AAOS issued an evidenced based guideline on CTS (AAOS, 2024): Strong evidence suggests that there is no difference in patient reported outcomes between a mini-open carpal tunnel release and an endoscopic carpal tunnel release.

Regulatory Status

Food and Drug Administration (FDA): MANOS, Thread Carpal Tunnel Release (TCTR), Percutaneous Carpal Tunnel Release (PCTR) for carpal tunnel syndrome (CTS), Endoscopic cubital tunnel release (eCTUR) are types of procedures and are therefore not subject to FDA regulation. However, any medical devices, drugs, biologics, or tests used as a part of this procedure may be subject to FDA regulation. Orthopedic manual surgical instruments that were mentioned in the reviewed studies that have received FDA clearance are listed in Table 1.

Table 1. FDA-Cleared Products Used in Reviewed Studies for MANOS and Endoscopic cubital tunnel release (eCTUR)

Key: K, 510(k) premarket submission; PMA, premarket approval

Device	K Number or PMA Number	Notice Date	Indication
SX-One MicroKnife	K192873	12/20/2019	Orthopedic Manual Surgical Instrument
GE LOGIQ Book	K032477	10/22/2003	General purpose ultrasound system
Hitachi NOBLUS	K160559	10/18/2016	General purpose ultrasound system
Phillips IU22	K130499	6/18/2013	General purpose ultrasound system
MicroAire SMARTRELEASE Endoscopic Soft Tissue Release System	K181819	10/4/2018	-Carpal tunnel release in the wrist -Cubital tunnel release in the elbow

Government Regulations

National: NA

Local:

No LCD or NCD

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Low-Level Laser And High-Power Laser Therapy

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20. U.S. Food and Drug Administration MicroAire Surgical Instruments SMARTRELEASE 2018 [Section 5: 510\(k\) Summary](#) Accessed 4/1/26

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 4/1/26, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
9/1/24	6/11/24		Joint policy established (jf) Vendor Managed: NA
9/1/25	6/18/25		Routine Maintenance (jf) Vendor Managed: NA Title change: added "Treatment of Peripheral Nerve Entrapment" and "syndrome using" Previous Title: Carpal Tunnel Release Novel Methods Current Title: Treatment of Peripheral Nerve Entrapment and Carpal Tunnel Syndrome Using Novel Methods - Added peripheral nerve entrapment under description - Edit to the MPS addition of Peripheral Nerve Entrapment and carpal tunnel syndrome Ref added: 10,11
9/1/26	6/16/26		- Routine Maintenance (jf/no) - Vendor Managed: NA 2026 CPT Annual code Update: Add as E/I 64728 effective 1/1/26. This new Category I code describes an ultrasound guided, percutaneous approach to perform carpal tunnel release. - Incorporating IMP - Endoscopic Release of Ulnar Nerve for Cubital Tunnel Syndrome. Added

			into description, rational and summary of evidence • Add 29999 as E/I • Formatting changes made: ○ Sections rearranged for better flow ○ Added Description and Background separated ○ MPS edited ○ Notes edited in code section Added Ref: 12,13,14,15,16,17,18,19,20 Edits to MPS, note, added rationale, edits to summary of evidence
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Next Review Date: 2nd Qtr, 2027

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: TREATMENT OF PERIPHERAL NERVE ENTRAPMENT
CARPAL TUNNEL SYNDROME USING NOVEL METHODS

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Experimental/Investigational
BCNA (Medicare Advantage)	See Government Regulations section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.