Manipulation Under Anesthesia
Policy Number: PG0422
Last Review: 02/22/2018

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Manipulation under anesthesia (MUA) combines manual manipulation of a joint or the spine with a general anesthetic. Patients who are unable to tolerate manual procedures due to pain, spasm, muscle contractures, or guarding may benefit from the use of general anesthesia prior to manipulation. Because the patient’s protective reflex mechanism is absent under anesthesia, manipulation using a combination of specific short lever manipulations, passive stretches, and specific articular and postural kinesthetic maneuvers in order to break up fibrous adhesions and scar tissue around the joint and surrounding tissue is made less difficult. MUA should only be performed on select patients who have failed to respond to conservative therapy.

MUA is considered safe and effective and is a well-established method of treatment for conditions such as adhesive capsulitis of the shoulder, arthrofibrosis of the knee, and some fractures, dislocations and contractures. When performed for these specific conditions, MUA generally requires a single session of treatment, most often performed unilaterally, involving a single joint. Data supporting the need for, and clinical efficacy of multiple, repeat MUA treatment sessions for these specific conditions, is lacking in the peer-reviewed published medical literature.

POLICY

MUA provided for shoulder (23700), knee (27570) & elbow (24300) do not require prior authorization for all product lines.

MUA provided for the indications listed below are non-covered for HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan:

- ankle (27860)
- cervical, thoracic or lumbar spine (22505)
- elbow (24300)
- finger (26340)
- hip (27275)
- pelvis, sacroiliac
- temporomandibular (21073)
- thumb (26340)
- toe
- wrist (25259)

MUA provided for pelvis, sacroiliac, & toe are non-covered for Advantage.
Codes 27860, 22505, 24300, 26340, 27275, 21073, 26340, 25259 do not require prior authorization for Advantage.

COVERAGE CRITERIA
A single treatment of manipulation under anesthesia (MUA) is considered medically necessary for ANY of the following indications:

- Adhesive capsulitis (i.e., frozen shoulder) when there is failure of conservative medical management, including medications with or without articular injections, home exercise programs and physical therapy (23700)
- Post-traumatic or postoperative arthrofibrosis of the knee (e.g., total knee replacement, anterior cruciate ligament repair) (27570) when there is failure of conservative medical management, including exercise and physical therapy
- Elbow joint for arthrofibrosis following elbow surgery or fracture (24300)

MUA of the shoulder, knee and elbow will be denied as investigational when reported for any other conditions.

MUA provided for the above indications/conditions consists of a SINGLE treatment session involving an isolated joint. Manipulation under anesthesia is unproven and not medically necessary for serial manipulations for any body part or multiple body joints. There is a lack of peer-reviewed published evidence supporting the need for multiple, repeat sessions of MUA for multiple body joints.

MUA performed by a Chiropractor is not a covered chiropractic service. Only M.D./D.O. physicians who have training and competency in manipulation should perform this procedure. This procedure must be performed in an outpatient surgery facility or inpatient hospital setting. An office setting would not be appropriate for performing MUA.

Per the American Academy of Orthopedic Surgeons and The Arthroscopy Association of North America: Manipulation under anesthesia is included in all arthroscopy procedures and not a separate procedure. Therefore, the separate billing of manipulation under anesthesia during the surgical procedure will be denied as not medically necessary.

CPT code 27198 (Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia) is non-covered if performed with the MUA services addressed in this policy.

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan
MUA for any other indication, including the treatment of acute or chronic pain conditions, involving one or more of the following joints, is considered experimental, investigational or unproven:

- ankle (27860)
- cervical, thoracic or lumbar spine (22505)
- elbow (24300)
- finger (26340)
- hip (27275)
- pelvis, sacroiliac
- temporomandibular (21073)
- thumb (26340)
- toe
- wrist (25259)

Advantage
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of MUA for any of the indications listed below, The Ohio Department of Medicaid requires these procedures be covered for Advantage members:

- ankle (27860)
- cervical, thoracic or lumbar spine (22505)
- elbow (24300)
- finger (e.g., 26340)
- hip (27275)
- temporomandibular (21073)
- thumb (26340)
- wrist (25259)

MUA for pelvis, sacroiliac, & toe are considered experimental, investigational or unproven

**CODING/BILLING INFORMATION**
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
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<tbody>
<tr>
<td>21073</td>
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<td>22505</td>
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<td>23700</td>
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<td>27570</td>
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**ICD-10-CM CODES**

- M24.611 Ankylosis, right shoulder
- M24.612 Ankylosis, left shoulder
- M24.619 Ankylosis, unspecified shoulder
- M24.621 Ankylosis, right elbow
- M24.622 Ankylosis, left elbow
- M24.629 Ankylosis, unspecified elbow
- M24.661 Ankylosis, right knee
- M24.662 Ankylosis, left knee
- M24.669 Ankylosis, unspecified knee
- M66.211 Spontaneous rupture of extensor tendons, right shoulder
- M66.212 Spontaneous rupture of extensor tendons, left shoulder
- M66.219 Spontaneous rupture of extensor tendons, unspecified shoulder
- M66.811 Spontaneous rupture of other tendons, right shoulder
- M66.812 Spontaneous rupture of other tendons, left shoulder
- M66.819 Spontaneous rupture of other tendons, unspecified shoulder
- M75.00 Adhesive capsulitis of unspecified shoulder
- M75.01 Adhesive capsulitis of right shoulder
- M75.02 Adhesive capsulitis of left shoulder
- M75.100 Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
- M75.101 Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
<table>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>M75.102</td>
<td>Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic</td>
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<tr>
<td>M75.110</td>
<td>Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic</td>
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<td>M75.111</td>
<td>Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic</td>
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<tr>
<td>M75.112</td>
<td>Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic</td>
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<td>M75.120</td>
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<td>M75.121</td>
<td>Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic</td>
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<td>M75.122</td>
<td>Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic</td>
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<td>Calcific tendinitis of unspecified shoulder</td>
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<td>M75.31</td>
<td>Calcific tendinitis of right shoulder</td>
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<td>M75.32</td>
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<td>M75.50</td>
<td>Bursitis of unspecified shoulder</td>
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<td>M75.52</td>
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REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/22/2018

02/22/18: MUA of the shoulder (23700), knee (27570) & elbow (24300) is covered without prior authorization for all product lines. MUA of the ankle (27860), cervical, thoracic or lumbar spine (22505), elbow (24300), finger (26340), hip (27275), temporomandibular (21073), thumb (26340), wrist (25259) are non-covered for HMO, PPO, Individual Marketplace, Elite and covered without prior authorization for Advantage per ODM guidelines. MUA provided for pelvis, sacroiliac, & toe is non-covered for all product lines. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/28/2020: Medical policy placed on the new Paramount Medical policy format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.