FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33594

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
Manipulation Under Anesthesia (MUA)

AMA CPT Copyright Statement
CPT only copyright 2002-2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright (c) American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

CMS National Coverage Policy
Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 240.1
Indications and Limitations of Coverage and/or Medical Necessity

Manipulation under anesthesia (MUA) is a non-invasive procedure which 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. The following indications/conditions are considered medically necessary for MUA:

- 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; or
- Elbow joint for arthrofibrosis following elbow surgery or fracture, or
- Arthrofibrosis of the knee following trauma or knee surgery (e.g., total knee replacement, anterior cruciate ligament repair) with less than 90 degrees range of motion 4 weeks to 6 months following surgery.

Limitations

MUA provided for the above indications/conditions consists of a SINGLE treatment session involving an isolated joint. Multiple joint MUAs on the same date of service should be rare. Repeat procedures during the global period would not be expected. (See Utilization Guidelines)

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.

MUA performed by a Chiropractor is not a covered chiropractic service. Coverage for Doctors of Chiropractic “extends only to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by X-ray, provided such treatment is
Manipulation Under Anesthesia AB

legal in the state where performed. All other services furnished or ordered by chiropractors are not covered," see CMS Pub. 100-01, chapter 5, section 70.6, and the FCSO Part B LCD for Chiropractic Services.

CPT code 27198 (Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia) is not covered if performed with the MUA services addressed in this LCD.

Type of Bill Code

12x Hospital Inpatient
13x Hospital Outpatient
85x Special facility or ASC surgery – rural primary care hospital

Revenue Codes

0360 Operating room services – general classification

CPT/HCPCS Codes

23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
24300 Manipulation, elbow, under anesthesia
27570 Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)

The following CPT code is not covered. There is insufficient clinical evidence to support spinal MUA and, therefore, it is not considered reasonable and necessary:

22505 Manipulation of spine requiring anesthesia, any region

ICD-10 Codes that Support Medical Necessity

For procedure code 23700:
M24.611 – M24.619 Ankylosis, shoulder
M24.621 – M24.629 Ankylosis, elbow
M66.211 – M66.219 Spontaneous rupture of extensor tendons, shoulder
M66.811 – M66.819 Spontaneous rupture of other tendons, shoulder
M75.00 – M75.02 Adhesive capsulitis of shoulder
M75.100 – M75.122 Rotator cuff syndrome
M75.30 – M75.32 Calcific tendinitis of shoulder
M75.50 – M75.52 Bursitis of shoulder

For procedure code 24300:
M24.621 – M24.629 Ankylosis, elbow

For procedure code 27570:
M24.661 – M24.669 Ankylosis, knee

Diagnoses that Support Medical Necessity

N/A
ICD-10 Codes that DO NOT Support Medical Necessity
N/A

Diagnoses that DO NOT Support Medical Necessity
N/A

Associated Information

Documentation Requirements

Medical record documentation maintained by the treating provider must substantiate the medical necessity of the services being billed. In addition, documentation that the service was performed must be included in the patient’s medical record. This information is normally found in the history and physical, office/progress notes, hospital notes, and/or procedure report.

The medical record must clearly show that the criteria listed under the “Indications and Limitations of Coverage and/or Medical Necessity” section have been met, as well as the appropriate diagnosis and response to treatment.

Utilization Guidelines

When indications for the shoulder, elbow, or knee are met, only a SINGLE treatment session for an isolated joint for one date of service should be billed. A repeat procedure on the same joint or multiple joints outside the global period should be rare and may be subject to medical review. Staged (planned or anticipated) procedures on multiple joints during the global period or consecutive days/weeks are not considered medically necessary and will be denied. MUA for single joints during the global period should be rare and may be subject to pre-payment medical review.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L30572


Blue Cross and Blue Shield of Florida: Manipulation under anesthesia. 02-20000-34, Revised 2009.

Cigna Medical Coverage Policy: Manipulation under anesthesia (MUA). # 0276, effective date 10/15/2008.


UnitedHealthcare: Manipulation under anesthesia. Policy #: ANESTHESIA 004.2 T2. Effective date June 1, 2009.


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/01/2014

**Revision History Number: R1**

**Revision Number: 1**

Publication: December 2016 Connection

LCR A/B2017-001

**Explanation of Revision:** Based on CR 9752 (Annual 2017 HCPCS Update), CPT code 27194 was deleted and replaced with CPT code 27198 in the “Indications and Limitations of Coverage and/or Medical Necessity” under the subtitle “Limitations” section of the LCD. The effective date of this revision is based on date of service.

**Revision Number:** Original

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

**Related Documents**

N/A

**LCD Attachments**

Coding Guidelines

---

Document formatted 12/13/16 (NM/et)