Local Coverage Determination (LCD): Manipulation Under Anesthesia (MUA) (L33594)

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09101 - MAC A</td>
<td>J - N</td>
<td>Florida</td>
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LCD Information

Document Information

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<tr>
<th>LCD ID</th>
<th>Original Effective Date</th>
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<td>L33594</td>
<td>For services performed on or after 10/01/2015</td>
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<tr>
<th>Original ICD-9 LCD ID</th>
<th>Revision Effective Date</th>
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<tr>
<td>L30563</td>
<td>For services performed on or after 01/01/2017</td>
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LCD Title
Manipulation Under Anesthesia (MUA)

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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Language quoted from CMS National Coverage Determinations (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

Coverage Guidance

Coverage Indications, Limitations, 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 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.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 085x Critical Access Hospital
Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0360  Operating Room Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>23700</td>
<td>MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)</td>
</tr>
<tr>
<td>24300</td>
<td>MANIPULATION, ELBOW, UNDER ANESTHESIA</td>
</tr>
<tr>
<td>27570</td>
<td>MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)</td>
</tr>
</tbody>
</table>

Group 2 Paragraph: 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:

Group 2 Codes:

<table>
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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>22505</td>
<td>MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: For procedure code 23700:

Group 1 Codes:

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tr>
<td>M24.611 - M24.619</td>
<td>Ankylosis, right shoulder - Ankylosis, unspecified shoulder</td>
</tr>
<tr>
<td>M24.621 - M24.629</td>
<td>Ankylosis, right elbow - Ankylosis, unspecified elbow</td>
</tr>
<tr>
<td>M66.211 - M66.219</td>
<td>Spontaneous rupture of extensor tendons, right shoulder - Spontaneous rupture of extensor tendons, unspecified shoulder</td>
</tr>
<tr>
<td>M66.811 - M66.819</td>
<td>Spontaneous rupture of other tendons, right shoulder - Spontaneous rupture of other tendons, unspecified shoulder</td>
</tr>
<tr>
<td>M75.00 - M75.02</td>
<td>Adhesive capsulitis of unspecified shoulder - Adhesive capsulitis of left shoulder</td>
</tr>
<tr>
<td>M75.100 - M75.122</td>
<td>Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic - Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic</td>
</tr>
<tr>
<td>M75.30 - M75.32</td>
<td>Calcific tendinitis of unspecified shoulder - Calcific tendinitis of left shoulder</td>
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<tr>
<td>M75.50 - M75.52</td>
<td>Bursitis of unspecified shoulder - Bursitis of left shoulder</td>
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Group 2 Paragraph: For procedure code 24300:

Group 2 Codes:
Group 3 Paragraph: For procedure code 27570:

Group 3 Codes:

<table>
<thead>
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<th>ICD-10 Code</th>
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<tr>
<td>M24.661 - M24.669</td>
<td>Ankylosis, right knee - Ankylosis, unspecified knee</td>
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</tbody>
</table>

ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

General Information

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.


### Revision History Information

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<tr>
<td>01/01/2017</td>
<td>R1</td>
<td>Revision Number: 1 Publication: December 2016 Connection LCR A/B2017-001</td>
<td>Revisions Due To CPT/HCPCS Code Changes</td>
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**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.

### Associated Documents

**Attachments**
Coding guidelines 2015 (PDF - 128 KB )

**Related Local Coverage Documents**
N/A

**Related National Coverage Documents**
N/A

**Public Version(s)**
Updated on 12/16/2016 with effective dates 01/01/2017 - N/A
Updated on 07/01/2014 with effective dates 10/01/2015 - N/A
Updated on 03/25/2014 with effective dates 10/01/2015 - N/A
Keywords

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