

Manipulation Under Anesthesia

Policy Number: PG0422
Last Review: 10/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Manipulation under anesthesia (MUA) is a noninvasive treatment technique 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.

MUA is considered safe and effective and is a well-established method of treatment for some joint 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:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- Paramount considers manipulation under anesthesia (CPT Codes 22505, 23700, 24300, 25259, 26340, 27570 and 27860) medically necessary and eligible for reimbursement, without a prior authorization, providing that at least one of the coverage criteria below is met.
- CPT Codes 21073 and 27275 are considered not medically necessary and not eligible for reimbursement

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

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

- Shoulder joint adhesive capsulitis (i.e., frozen shoulder) (23700) when there is failure of ≥ 3 months conservative medical management (e.g., patient directed exercise), including pharmacologic therapy

(e.g., nonsteroidal anti-inflammatory drugs, with or without articular or bursa injections) and physical therapy

- Post-traumatic or postoperative arthrofibrosis of the knee (e.g., total knee replacement, anterior cruciate ligament repair) (27570) when there is failure of ≥ 3 months conservative-medical management, (e.g., patient-directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs) and physical-therapy
- Elbow joint for arthrofibrosis following elbow surgery or fracture (24300) when there is failure of ≥ 3 months conservative medical management (e.g., patient directed exercise), including pharmacologic therapy (e.g., nonsteroidal anti-inflammatory drugs) and physical therapy
- Chronic contracture of upper or lower extremity (e.g., fixed contracture from a neuromuscular condition) when there is failure of ≥ 3 months conservative medical management including range of motion exercise programs and physical therapy/standard chiropractic treatment

MUA 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.

Paramount considers manipulation under anesthesia investigational and not eligible for reimbursement for any of the following:

- Multiple (>2) joint manipulations; or
- Management of acute or chronic pain conditions involving all joints or combination of joints (CPT Codes 21073, 22505, 23700, 24300, 25259, 26340, 27275, 27570 and 27860), including but not limited to any of the following:
 - Ankle
 - Cervical, thoracic, or lumbar spine; or
 - Elbow; or
 - Fingers or thumb; or
 - Hand; or
 - Hip; or
 - Knee; or
 - Pelvis or sacroiliac joint; or
 - Shoulder; or
 - Temporomandibular joint; or
 - Toe; or
 - Wrist.

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.

MUA involving multiple body joints is considered experimental or investigational for treatment of chronic pain. There is insufficient published clinical evidence to support the safety and effectiveness of MUA involving multiple body joints concurrently.

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.

Alternatives to MUA include, but may not be limited to, the following:

- Pain management program
- Physical or occupational therapy
- Prescription drug therapy
- Standard chiropractic manipulation

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.

CPT CODES	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitored anesthesia care)
22505	Manipulation of spine requiring anesthesia, any region
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
24300	Manipulation, elbow, under anesthesia
25259	Manipulation, wrist, under anesthesia
26340	Manipulation, finger joint, under anesthesia, each joint
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (i.e., general anesthesia, moderate sedation, spinal/epidural)
27275	Manipulation, hip joint, requiring general anesthesia
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/22/2018

Date	Explanation & Changes
02/22/2018	<ul style="list-style-type: none"> • 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) is 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	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical policy format
03/03/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
12/01/2023	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • Added coverage for chronic contracture of upper or lower extremity (e.g., fixed contracture from a neuromuscular condition) when there is failure of > 3 months

	<p>conservative medical management including range of motion exercise programs and physical therapy/standard chiropractic treatment</p> <ul style="list-style-type: none"> • ICD-10 Diagnosis codes removed
10/01/2024	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • Procedures 22505, 23700, 24300, 25259, 26340, 27570 and 27860 covered without a prior authorization • Procedures 27073 and 27275 are noncovered

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

NCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=NCD&contractOption=all>

LCDs <https://www.cms.gov/medicare-coverage-database/searchresults.aspx?keyword=&keywordType=starts&areald=s29&docType=F,P&contractOption=all>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., Lansdale, PA: Author. Health Technology Assessments. <https://www.hayesinc.com/>

Industry Standard Review