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 27194 (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.

**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 MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA</td>
</tr>
<tr>
<td>27570</td>
<td>(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>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>22505</td>
<td>MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION</td>
</tr>
</tbody>
</table>

**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.

Reviewed/Approved by Michael Pentecost, MD, Chief Medical Officer